

Crudup-Ward Activity Center Summer Program Application

First Name: _____ Middle: _____ Last: _____

Gender: Male Female Child's SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mother's Name/Legal Guardian: _____ Address: _____

City: _____ Place of Employment: _____

Address of Parent's Place of Employment: _____ City: _____

Work Number: _____ Cell Number: _____

Father's Name/Legal Guardian: _____ Address: _____

City: _____ Place of Employment: _____

Address of Parent's Place of Employment: _____ City: _____

Work Number: _____ Cell Number: _____

Child School Information:

School previously attended _____ Upcoming Grade level for Fall : _____

Medical Information:

Doctor's Name: _____ Doctor's Number: _____ Permission for Treatment: Yes No

Insurance Carrier: _____ Policy #: _____ Group #: _____

Health Problems Yes No **If yes, explain:** _____

Medications: Yes No **If yes, explain:** _____

Emergency Contacts: Note: Information below will be placed in our alert system. Check out website for more info!

Name: _____ Phone #: _____ Cell #: _____ Phone Carrier: _____

Name: _____ Phone #: _____ Cell #: _____ Phone Carrier: _____

The following are allowed to pick-up and drop off my child:

Name: _____ relationship: _____ Name: _____ relationship: _____

Name: _____ relationship: _____ Name: _____ relationship: _____

My child may be photographed/videotaped at the facility and placed on banners, website, etc. Yes No by the media: Yes No

My child may participate in approved field trips sponsored by the facility Yes No

I understand a separate permission form must be signed for each trip.

Signature: _____ Date: _____