

SCHOTT COMMUNITIES
Visual and Performing Arts Summer Camp Application Form
June 15 - 19, 2015 and June 22-26, 2015
DEADLINE FOR APPLICATION MAY 29, 2015

Camp Fee: \$150.00 per week Application Fee: \$25.00

Camper Information

Last Name _____ First Name _____ SS# _____
Street Address _____ City _____ State _____ Zip _____
Gender _____ Age _____ DOB _____ Phone _____ T-Shirt Size _____
Child Resides with (check one) ___ Mother ___ Father ___ Both ___ Other (Relationship to Child _____)
School _____ Grade Just Completed _____
Primary Language Spoken at Home _____ Other language(s) _____

First Contact _____ Second Contact _____
Relationship to Child _____ Relationship to Child _____
Preferred Phone (Circle one: H, W, Cell) _____ Preferred Phone (Circle one: H, W, Cell) _____
Other Phone (Circle one: H, W, Cell) _____ Other Phone (Circle one: H, W, Cell) _____
Email _____ Email _____

Pick Up Information

Besides contacts listed above, who is authorized to pick up child from camp (ID will be required):

Full Name _____ Relationship to Child _____
Full Name _____ Relationship to Child _____
Full Name _____ Relationship to Child _____

Is there anyone who is specifically NOT authorized to pick up child:

Full Name _____ Relationship to Child _____
Full Name _____ Relationship to Child _____

Emergency Information

Emergency Contact _____ Phone _____ Relationship to Child _____
Doctor _____ Phone _____

Please list any medical conditions or needs requiring special care, including dietary needs, food allergies, or other concerns

Medical Conditions: _____

Dietary Needs: _____

Food Allergies: _____

Other Concerns: _____

Please indicate which week(s) you are interested in:

- _____ Both Weeks (June 15 – 26, 2015)
_____ Week #1 only (June 15 – 19, 2015)
_____ Week #2 only (June 22 – 26, 2015)