

National Urban Coalition for Unity and Peace, Inc. (NUCUP)



Summer Leadership Academy Day Camp Enrollment Form

Entrance Date _____ **Withdrawal Date** _____

Child's Name _____ **Age** ____

Date of Birth _____ Gender: _____

Home Address _____

City _____ State _____ Zip: _____ Home Phone _____

Father's Name _____ Phone Number _____

Father's Address (if different from child's) _____

City _____ State _____ Zip: _____

Father's Place of Employment _____

Employer's Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phone Number _____

Mother's Address (if different from child's) _____

City _____ State _____ Zip: _____

Mother's Place of Employment _____

Employer's Address _____ City _____ State _____ Zip: _____

Child's Living Arrangements: (check one) Both Parents Mother Father other

Child's Legal Guardian(s): (check one) Both Parents Mother Father other

The child may be released to the person(s) signing this agreement or to the following:

Name _____

Address _____

Phone Number _____ Relationship to Child _____

Other identifying information (if any) _____

Person to contact in case of emergency when parent or guardian cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Name of school child attends (if any) _____

Child's doctor or clinic name _____

Doctor/Clinic phone _____

Child's Special Needs (Explain) _____

The following special accommodations may be required to most effectively meet my child's needs while at this camp _____

My child is currently on medications prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns _____

Emergency Medical Authorization

Should (child's name) _____ Date of Birth _____

suffer an injury or illness while in the care of NUCUP and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature

Date

Facility Administrator/Person in Charge Signature

Date