**Welcome to Loyola Summer Camp 2023**

**Student Information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

**Family Information**

Parents are: [\_] Married [\_] Divorced [\_] Separated [\_] Widowed

Custody: Mother\_\_\_\_\_ Father\_\_\_\_\_ Both \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_

Mother’s first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZipCode: \_\_\_\_\_ City: \_\_\_\_\_\_\_ State: \_\_\_\_\_\_ZipCode: \_\_\_\_\_

Mother’s Cell.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Please list allergies, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child receive any kind of therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTHORIZED CONTACTS:** Child will be released only to the parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the parent or legal guardian cannot be reached:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Information**

* Schedule: 9:00 a.m. – 3:00 p.m.
* Before care starts at 8:00 a.m.
* After care until 6:00 p.m.
* Students should come in comfortable clothes and closed-toe shoes.
* Students must bring a water bottle every day.
* Lunch is included for preschool-age students (Funday Camp & Adventure Camp)
* Lunch is available for purchase for elementary-age students.
* Preschool-age students MUST bring blue and yellow form (Funday Camp & Adventure Camp)
* Every Monday you will be added to the WhatsApp group for your respective camp.
* For any medications (including sunscreen) you must fill out a prescription authorization form.

Please send completed form to info@loyolamiami.com or please call 305-471-4417 if you have any questions or concerns.

This form only needs to be filled out once per student.