

## Art Camp Sign-up Form

<b>Child's Name:</b>
<b>Child's Nickname:</b>
<b>Child's Age:</b>

### Parent(s) and Other Contacts

<b>Mother's Name:</b>	
<b>Father's Name:</b>	
<b>Address of Parent(s):</b>	
<b>Home#</b>	<b>Mom Cell phone#</b> <b>Dad Cell phone#</b>

<b>Second Contact Name:</b>	
<b>Relationship:</b>	<b>Phone Number:</b>

<b>Third Contact Name:</b>	
<b>Relationship:</b>	<b>Phone Number:</b>

### Medical/Health/Insurance Care Information

<b>Child's Doctor Name:</b>	
<b>Address:</b>	
<b>Office Telephone:</b>	<b>After Hours Number:</b>

<b>Health Insurance Company:</b>	
<b>Group or Policy Number:</b>	
<b>Telephone Number:</b>	

<b>Medications:</b>
<b>Allergies:</b>
<b>Immunizations:</b>
<b>Special Conditions:</b>