

ELC SUMMER FUN STUDENT INFORMATION CARD

TURN THIS FORM IN

Please complete one form for each child.
Extra forms are available at the JCC or can be printed
from our website www.jcclouisvillecamp.org

Child _____ Birthday _____

Home Phone # _____ Age (as of 6/1/2015) _____

Parent 1 _____ Parent 2 _____

Work # _____ Work# _____

Cell# _____ Cell # _____

Email _____ Email _____

(Please circle your preferred contact number)

Emergency Contacts:

_____ Phone # _____

_____ Phone # _____

ALLERGIES: _____

The JCC ELC staff has permission to administer the following topical treatments, if necessary, to my child.

Please designate specific brands if necessary or write "any" in space provided.

Please apply:

Sunscreen* _____ Brand _____

Diaper cream* _____ Brand _____

First Aid Ointment _____ Brand _____

* PROVIDED BY PARENTS

My child is allergic to the following topical medications _____

Parent Signature _____ Date _____

