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 #	

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 _____

I, ______, authorize the following people to pick-up or drop-off my child at the JCC Early Learning Center. I understand that the ELC will not release my child to anyone whose name does not appear on this list. I also understand that the ELC will ask for those listed to show identification every time they pick up my child. Parents must give notice either by phone, email, or a written note to the JCC ELC Director or Assistant Director if there is a change in plans for your child's dismissal.

Name	Relationship to Child	Phone Number

We need a copy of your insurance card and a current immunization certificate. Return these forms along with deposit to: Jewish Community Center • Fax: (502) 238-2759 Camp Office • 3600 Dutchmans Lane • Louisville, KY 40205