



**SUMMER ARTS INTENSIVE JULY – SEPTEMBER 2018**

**CHILD/WARD INFORMATION**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME (S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MR.  MS  MRS

ADDRESS: \_\_\_\_\_

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**TELEPHONE NUMBERS:**

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**IN CASE OF EMERGENCY AND PRIMARY PARENT/GUARDIAN IS UNAVAILABLE, CONTACT:**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MR.  MS  MRS

**TELEPHONE NUMBERS:**

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

**WHO WILL BE DROPPING OFF YOUR CHILD/WARD IN THE MORNINGS?**

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**WHO WILL BE PICKING UP YOUR CHILD/WARD IN THE EVENINGS?**

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**(PLEASE NOTE THAT ANY CHANGES TO THE ABOVE, SUMMER INTENSIVE ADMINISTRATION MUST BE INFORMED PRIOR TO PICK UP OR DROP OFF)**



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**MEDICAL INFORMATION**

DOES YOUR CHILD/WARD SUFFER FROM ALLERGIES?    YES     NO

IF YES, BRIEFLY INDICATE SPECIFICALLY BELOW:

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DOES YOUR CHILD/WARD SUFFER FROM ASTHMA?    YES     NO

IS YOUR CHILD/WARD CURRENTLY ON MEDICATIONN?    YES     NO

IF YES, PLEASE SPECIFY DOSAGE:

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**OTHER MEDICAL INFORMATION**

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SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

SIGNITURE OF SAI ADMINISTRATION: \_\_\_\_\_

DATE: \_\_\_\_\_