



**BEAS Academy Explorers Summer Camp Registration**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Guardian

Father/Guardian

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

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

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical condition that would necessitate a staff member administering medication? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I authorize the following individuals to sign out my child at BEAS Academy Explorer Summer Camp

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

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