

SAGINAW TOWNSHIP COMMUNITY EDUCATION **Child Information Record**
2023 Summer Camp/Summer School

Student Last Name _____ First _____ M / F

Grade Just Completed ___ School _____ Birth Date _____ Race _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Address: _____

Primary Phone: _____ Cell Phone _____

Summer Camp Summer School (June 12 – 30) Both Summer Camp & Summer School

Email _____

List any pertinent health information (medical conditions, etc.):

EMERGENCY CONTACTS (Other than Parent/Guardian) please print clearly

NOTE: Students will only be released to a parent, guardian, or emergency contact person listed.**

Name _____ Relationship _____

Primary Phone _____ 2nd Phone _____

Name _____ Relationship _____

Primary Phone _____ 2nd Phone _____

Name _____ Relationship _____

Primary Phone _____ 2nd Phone _____

** CODE WORD (to be used if a person not listed above is asked to pick up the child):

List any allergies – please do not leave blank or list as “N/A.” List allergies or notate with “no known allergies” or “none.”
