

CHILD'S LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET

TOWN, STATE, ZIP

PHONE / / DATE OF BIRTH AGE

SCHOOL GRADE TEACHER

MALE FEMALE

ETHNIC BACKGROUND:

ASIAN BLACK CAUCASIAN HISPANIC OTHER

HOUSEHOLD INCOME LEVEL:

UNDER \$45,850 \$45,850-\$68,000 OVER \$68,000

PARENT/GUARDIAN #1

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET

TOWN, STATE, ZIP

EMPLOYER WORK PHONE

EMPLOYER ADDRESS TOWN, ZIP

E-MAIL

CELL PHONE

PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD (OTHER THAN PARENT):

1. NAME

PHONE

2. NAME

PHONE

WALKING TRIP PERMISSION:

As part of the activities of Sterling House Vacation Club, walking trips to various locations in the community may be scheduled during the week. Please sign below giving your child permission to participate in this activity. Thank you.

X

SIGNATURE OF PARENT OR GUARDIAN DATE

Please check below if your child has any health or medical conditions Sterling House should be made aware of.

Asthma: (PACKET A)

Food Allergies: (PACKET B)

Need an Epi-Pen: (PACKET C)

Seizures: (PACKET D)

Medications: (PACKET E)

Behavior: (PACKET F)

Other:

#1 EMERGENCY CONTACT OTHER THAN PARENT PHONE

#2 EMERGENCY CONTACT OTHER THAN PARENT PHONE

PARENT/GUARDIAN #2

LAST NAME, FIRST NAME, MIDDLE INITIAL

STREET

TOWN, STATE, ZIP

EMPLOYER WORK PHONE

EMPLOYER ADDRESS TOWN, ZIP

E-MAIL

CELL PHONE

PLEASE READ AND SIGN BELOW

At times, photos are taken of various program activities to use on Sterling House social media and for other publicity. Please indicate below whether or not you give permission to use photos of your son/daughter for these purposes.

YES NO

X
SIGNATURE OF PARENT OR GUARDIAN DATE

I understand that fees for this program are due before the program starts. If fees are not paid by said date, I understand that my child's spot in the program will be forfeited and filled from the waiting list.

FOR OFFICE USE ONLY

VACATION CLUB FEE \$185/4 DAYS	RECEIPT #
DATE PAID	