

Love Life Center, Inc.
2010 Camp Love Life Enrollment Application

Student Data:

Child's Name: _____ Age: _____ DOB: _____

Address: _____

(Please include Street Address, Apt.#, City/State, Zip Code)

Parent(s) Information:

Mother: _____

Telephone #(s) Home: _____ Business: _____ Cell: _____

Place of Employment: _____ Email Address _____

Father: _____

Telephone #(s) Home: _____ Business: _____

Place of Employment: _____ Email Address _____

Emergency Contact Person Other Than Parent(s):

Telephone #(s) Home: _____ Business: _____

Place of Employment: _____

Medical Information:

Is your child covered by Health Insurance? _____ Yes _____ No

If Yes, Name of Provider: _____ Policy/Group Number: _____

List any allergies/handicaps: _____

List any medication(s) your child is taking: _____

School Information: Name of School: _____

Teacher's Name: _____ School Dismissal Time: _____

Pickup Authorization: (Please list the person(s) authorized to pick up your child from this location.)

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Parent/Guardian Signature

Date