

STUDENT INFORMATION

Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Level \_\_\_\_\_  
Gender  Male  Female School \_\_\_\_\_  
Home Address \_\_\_\_\_  
Email \_\_\_\_\_

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Alternate Phone \_\_\_\_\_

MEDICAL INFORMATION

Does the camper have any allergies, medical conditions, or special needs?  Yes  No  
If yes, please specify: \_\_\_\_\_  
Primary Physician's Name: \_\_\_\_\_  
Primary Physician's Phone Number: \_\_\_\_\_

CAMP SCHEDULE

Please mark the days/program your child will attend:

PAYMENT INFORMATION

- Zelle: chiaseedlearningcenter@gmail.com
- Venmo: Chiaseedlearningcenter-Luolan
- Check: Payable to CHIA SEED LEARNING CENTER

PERMISSIONS AND ACKNOWLEDGMENTS

- I give permission for Chia Seed Learning Center to use photos or videos of my child for educational or promotional purposes.
- I do not give permission for photo/video use.

Liability Waiver: By signing below, I release CSLC and all affiliates from liability for injuries or damages resulting from camp activities.

Parent Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_