

**Complete both sides**



**CRAVEN COUNTY SCHOOLS EOC Proficiency Camp ENROLLMENT INFORMATION**

**OFFICE USE ONLY:** Base School \_\_\_\_\_ Base Classroom Teacher \_\_\_\_\_ Pupil # \_\_\_\_\_  
Camp School \_\_\_\_\_ Camp Teacher \_\_\_\_\_ Lunch # \_\_\_\_\_

**STUDENT INFORMATION: (PLEASE PRINT)**

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

(Last)

(First)

(Middle)

Date of Birth: \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

D/M/Y

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address - *If Different*: \_\_\_\_\_

Name of person who has legal custody of this child \_\_\_\_\_

Relationship to child (Check One): Both Father & Mother \_\_\_ Father Only \_\_\_ Mother Only \_\_\_

Grandparent \_\_\_ Other (Name and Relationship to Child) \_\_\_\_\_

Are there Court Custody papers for this child? NO \_\_\_ YES \_\_\_

**PARENT INFORMATION:**

**Father/Male Legal Guardian's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Mother/Female Legal Guardian's Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**HEALTH INFORMATION:**

Allergies (food, etc.) \_\_\_\_\_

Medications Taken at School \_\_\_\_\_

Medications Taken at Home \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Other Medical / Health Information that Camp Teachers need to know \_\_\_\_\_

**Do you give Parental Permission to transport child to hospital if needed? YES \_\_\_ NO \_\_\_**

EMERGENCY CONTACTS:

**1<sup>st</sup> Call: Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ **This person is allowed to pick my child up? YES \_\_\_\_\_ NO \_\_\_\_\_**

**2<sup>nd</sup> Call: Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ **This person is allowed to pick my child up? YES \_\_\_\_\_ NO \_\_\_\_\_**

**3<sup>rd</sup> Call: Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ **This person is allowed to pick my child up? YES \_\_\_\_\_ NO \_\_\_\_\_**

TRANSPORTATION – SUMMER SCHOOL HOURS ARE 7:30-11:30.

*Check ✓ your child's transportation for Summer School*

	Monday, June 19	Tuesday, June 20	Wednesday, June 21	Thursday, June 22	Friday, June 23
<i>Morning</i>	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____
<i>Afternoon</i>	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____	<i>Bus</i> _____ <i>Carpool</i> _____

**If there is a change to the afternoon transportation plan,  
call the School by 10:30.**

This enrollment information is accurate to the best of my knowledge. I authorize this school to seek medical attention for my child and transport my child to the hospital in the event of an emergency and release medical information on a need to know basis.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE