



## The 2019 Summer Hub Club Enrollment Form

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Child's School Grade: \_\_\_\_\_

Nickname: \_\_\_\_\_ Siblings Names: \_\_\_\_\_

\_\_\_\_\_

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

### Contact Information

First Parent: \_\_\_\_\_ Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Second Parent: \_\_\_\_\_ Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Health Information**

General state of health: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Does your child have any medical conditions we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Does your child have any hearing, speech, or visual problems? \_\_\_\_\_

\_\_\_\_\_

Are there any restrictions to play or activities? \_\_\_\_\_

\_\_\_\_\_

### **Insurance Carrier Information**

\*\*\* Please attach a copy of your insurance card\*\*\*

**About Your Child**

Has your child been enrolled in a summer program before? Where? \_\_\_\_\_

\_\_\_\_\_

Can your child indicate their need to use the restroom? \_\_\_\_\_

Does your child have any food restrictions? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Are there any comments, concerns, or other information you would like us to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approved Pick Up List**

#1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

#2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

#3 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation: \_\_\_\_\_

- The people listed above are people that you approve to pick up your child in the predicament that you can not. If you would like to change any person listed above, you will have to remove a name from the original form.

BY SIGNING THIS FORM YOU ACKNOWLEDGE THAT YOU HAVE READ AND REVIEWED THE HUB CLUB ADVENTURE CAMP GENERAL INFORMATION AND RULES AND AGREE TO ALL OF THE TERMS

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_