



FEEF

FAIRHOPE EDUCATIONAL ENRICHMENT FOUNDATION

Investing in Students. Preparing the Future.

Student Information Sheet

Please **print** all information

Camper Name: _____ Home phone: _____

Address: _____ Cell (Mother): _____

City: _____ Cell (Father): _____

Zip: _____ Cell (Student): _____

Age: _____ Birthdate: _____ Sex: _____

Grade Entering in Fall 2022 - _____ School Attended Spring 2021 : _____

Parent/Guardian Name: First and Last (All correspondence will be sent to this name):

Address: _____ City: _____ Zip: _____

Email: _____

Emergency Contact 1

Emergency Contact 2

Name: _____ Name: _____

Phone: _____ Phone: _____

Primary Doctor Name: _____

List any Medications the child is currently taking:

List any allergies the child may have:

List and describe any chronic medical conditions or history (use back of form if necessary):



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List all persons and phone #s of person(s) permitted to pick up my child from camp:

1.

2.

Health Insurance Provider: _____

Policy Number: _____

How did you find out about camp? (teacher/school, social media, other)