

Student Information Release

Please Print.

Site Location _____

Student's Name _____ Camp Start Date(s) _____

Parent/Guardian _____ Best # to Reach me _____

Alternate # _____ Email Address _____

Address _____ City _____ State _____ ZipCode _____

Alternate Contact Person _____ Contact # _____

Alternate Pick-Up Authorization Please list names of individuals besides yourself who are authorized to pick up your child from camp.

Name _____

Relationship _____ Phone # _____

Name _____ Relationship _____

Phone # _____

My child has permission to walk home. no yes

I understand that the program ends at 12:00 noon (half-day) or 4:00 pm (full-day) and agree that I will pick up my child/children at this time. Should extended hours be available please verify with the **S.T.E.A.M. Academy** Lead Instructor correct pick-up time. Please provide the **S.T.E.A.M. Academy** Lead Instructor with any information needed to meet your child's individual needs.

Parent/Guardian (print name) _____

Signature Today's Date _____