

Oak Forest Preschool Summer Camp

Child's name: _____

DOB: _____ Address _____

Home Phone: _____ Email: _____

Parent/Guardian Information:

Parent 1: _____ Cell: _____

Parent 2: _____ Cell: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: _____

Medical concerns: _____

Child's Doctor: _____ Phone: _____

Photo Permission:

_____ I give permission for my child's photo to be used on our private Facebook page. Oak Forest UMC Preschool