

**Knox County Elementary Summer Learning Camp
Student Information Sheet**

Student Name _____

Base School _____ 2021-2022 Grade Level _____

Date of Birth _____ Age _____ Male or Female _____

Student Address _____

Parent(s) Name _____

Mother's Contact # _____ Father's Contact # _____

Emergency Contact (List up to 3 additional adults who have permission to pick up your child from Summer Learning Camp)

Name	Telephone #
_____	_____
_____	_____
_____	_____

Please summarize any special medical conditions: _____

Transportation: Please indicate how your child will arrive and leave school each day.

Car Rider	___ AM only	___ PM only	___ Both AM and PM
Bus Rider	___ AM only	___ PM only	___ Both AM and PM
Walker	___ AM only	___ PM only	___ Both AM and PM
Daycare	___ AM only	___ PM only	___ Both AM and PM

Daycare Provider _____

*I understand that attendance and promptness are required. I agree to bring and pick up my child on time daily at the assigned site.
I also understand that if my child disrupts the learning of others and/or misbehaves they will not be able to continue to attend this program.*

Parent Signature

Date