

AMERICAN CHILDCARE SERVICE
580 California St ~ Suite 1600 ~ San Francisco, CA 94104
415-285-2300

Passover 2009
Kids Camp Form

Hotel _____ Rm. # _____

Cell/Pager # _____

Child/ren

Name _____ Age _____ M F

Name _____ Age _____ M F

Name _____ Age _____ M F

Parent/Guardian _____

Home Address _____

(City)

(State)

(Zip Code)

Home Phone (____) _____ Emergency Contact _____

Relationship _____ Emergency Contact # _____

Allergies / Dietary restrictions _____

Special Needs _____

Children will be grouped according to age. Children will be released from child care to parents/guardians depicted in the security photograph only.

I, the undersigned parent/guardian of _____ do give permission to participate in these activities. Should medical attention be necessary I _____ do _____ do not (check one) give permission to any doctor or hospital to commence treatment in the event I cannot be contacted and further assume any financial obligation. If you Do Not give permission you must provide a detailed schedule of your daily activities and include a cell phone or pager number so that staff members can reach you in the case of emergencies.

Signature _____ Date _____