2019 Summer Placement Information Form

Today's Date: _____

Child's Full Name _____
Last First Middle Preferred Name

Date of Birth _____ Age as of June 1, 2019 _____

Child's Primary Address _____

City, State, Zip _____ Phone Number _____

Current School _____ Grade for Fall _____

Gender □ Boy □ Girl Ethnic/Racial Information (optional) _____

PARENTS/GUARDIANS

Child resides primarily with: _____
(Please include information about custody splits or if child is adopted/in foster care, etc.)

Parent #1's Name _____
Address _____ City, State, Zip _____
Email _____ Phone _____

Parent #2's Name _____
Address _____ City, State, Zip _____
Email _____ Phone _____

List any medications prescribed to your child: _____

List any allergies your child has: _____

If your child has been seen by medical specialists other than your family doctor/pediatrician, list below:

_____

Describe any special education evaluations, diagnoses, or services your child receives: _____

_____

If English is not your child's primary language, please list other language(s): _____

Camp Soulard and Soulard Education Center adhere to the belief that an educational community that includes and respects people of different talents, interests, abilities, races, cultures, income-levels, lifestyles, and religions can surpass the potential of any homogeneous group in helping children develop respect for their own talents and differences while they learn to value others. Camp Soulard admits students of any race, religion, color, gender identity and sexual orientation and national or ethnic origin. Please let us know of the need for any special accommodations your child might require.

PARENT SIGNATURES

_____ _____
Signature Date

_____ _____
Signature Date

Camp Soulard
1110 Victor St.
St. Louis, MO 63104

info@soulardschool.org
www.soulardschool.org
T: 314.865.2799 F: 314.773.8849