

**2024
FIT CAMP
APPLICATION**

Child Information:

Name: _____

Date of Birth: _____ Grade Level: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Primary Language(s) spoken at home: _____

Parent/Guardian Information:

Mother/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell/Pager: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Father/Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Cell/Pager: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Number of children in program: _____

If Pick Up, list two individuals who may be called in the event your child is not picked up by 2:00 p.m.

