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July/August Camp Application Form

Please complete in its entirety the application form below. Spaces are limited so apply now! Forms can be dropped off at 29# Warner Street St Augustine or emailed to ascc@sta.uwi.edu. You will be contacted by someone from the UWI After School Care Centre once your application is successful.

Child / Applicant Information

Child's Name _____

Date of Birth _____

Nickname _____

Parent / Guardian Information

Email Address _____

Mother or Guardian Name _____

ID Number _____

Cell Phone _____

Home Phone _____

Work Phone _____

Address _____

Employer Name _____

Employer Address _____

Work Hours _____

Father or Guardian Name _____

ID Number _____

Cell Phone _____

Home Phone _____

Work Phone _____

Address _____

Employer Name _____

Employer Address _____

Work Hours _____

Emergency Contacts (other than Parents or Guardian)

Primary Emergency Contact Name _____

Relationship to Child _____

Home Phone _____

Work Phone _____

Cell Phone _____

Address _____

Secondary Emergency Contact Name _____

Relationship to Child _____

Home Phone _____

Work Phone _____

Address _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member. I also give permission for my child to be transported by car or ambulance to an emergency centre for treatment, and agree to hold University and its employees not responsible.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by the attending physician. **I will not hold the University and its employees responsible.**

Parent's Signature _____ Date: _____

Emergency Information

1. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications:

5. Blood Type:

6. Medicine allergic to:

7. Food Allergies:

8. Any other Allergies:

9. Any special health conditions:
