

MAIL TO: 6050 SW 57th Ave.
Miami, FL 33143
PHONE: (305) 665-6274
FAX: (305) 665-7726



PRESCHOOL CAMP:
6050 SW 57th Ave.
TODDLERS & PRESCHOOL CAMP:
14400 Old Cutler Road
TODDLERS & PRESCHOOL CAMP:
17800 Old Cutler Road
ELEMENTARY CAMP:
14850 SW 67th Ave.

ALL REQUESTED INFORMATION IS IMPORTANT.
PLEASE USE BLUE OR BLACK INK.
PLEASE NOTIFY US IMMEDIATELY IF ANY INFORMATION CHANGES.

Camper's Information

Name: _____ Birth Date: _____ Sex: _____ Grade in Fall: _____
Home/Mailing Address: _____ City: _____ State: _____ Zip: _____ Shirt Size: _____
Home Ph.: () _____ Cell Ph.: () _____

Father's Information

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
Cell Ph.: () _____ Employer: _____ Driver's Lic. #: _____

E-mail Address: _____

Mother's Information

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
Cell Ph.: () _____ Employer: _____ Driver's Lic. #: _____

E-mail Address: _____

Person Responsible for Payment

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
Cell Ph.: () _____ Employer: _____

Billing Address: _____

How Did You Find Alexander Camp?

- Referred by someone
- Internet search
- Telephone directory
- Saw ad in publication (periodical, newspaper, etc.)
- Received mailer
- Previously attended Camp
- Drove by
- Received E-mail notification
- My child is an Alexander student

Emergency/Medical Information

A copy of your child's current health certificate, ***dated no earlier than May of the present year***, is required of all campers who did not attend Alexander this school year. Please obtain a copy of this form from your child's current school or pediatrician. ***Your child will not be admitted to Alexander Camp without this certificate.***

EMERGENCY CONTACT #1

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
Cell Ph.: () _____ Relation to Camper: _____

EMERGENCY CONTACT #2

Name: _____ Hm. Ph.: () _____ Bus. Ph.: () _____
Cell Ph.: () _____ Relation to Camper: _____

DOCTOR'S INFORMATION:

Name: _____ Phone: () _____

LIST ALL CONDITIONS, PHYSICAL OR BEHAVIORAL, AS WELL AS ANY ALLERGIES, DISABILITIES, DIETARY RESTRICTIONS, OR MEDICATIONS:

LIST ALL AUTHORIZED INDIVIDUALS, OTHER THAN PARENTS, TO PICK UP CHILD(REN) (I.D. MUST BE PROVIDED TO RELEASE CHILD.):

DOES YOUR CHILD SWIM? Y N

I/We give Alexander Camp permission to administer First Aid to my child(ren). I/We give permission for the Camper(s) to take prescribed medicine at Camp. Medicine must be kept and managed at Camp Office unless prescription requires it to be kept with Camper. Medicine must be handed to bus driver or Counselor only, and never carried to Camp by child. Please include a signed, dated note with the medicine describing its purpose and all other pertinent information. I/We give Alexander Camp permission to use my child(ren)'s likeness or photo that may appear in school and/or public publications, TV, or electronic media. I/We give Alexander Camp permission to bus my child(ren) to the Elementary Campus for swimming and waive prior notice of the dates and times such groups may be scheduled.

