

**Beacon Hill Summer Camp**  
Application for Admission

Child's Name \_\_\_\_\_ S.S. # \_\_\_\_\_  
Grade just completed \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

List any chronic or physical defects, allergies, dietary requirements, etc.  
\_\_\_\_\_  
Child's Physician \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**YOU WILL BE CHARGED ONLY FOR THE WEEKS ATTENDED**  
Parents will be notified in advance of all field trips. Permission forms  
and appropriate fees will be required.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date

For Office use only:  
Reg. Fee \_\_\_\_\_ Program \_\_\_\_\_ Group \_\_\_\_\_

