CITY OF HALLANDALE BEACH, HUMAN SERVICES DEPARTMENT
2016 SUMMER CAMP
QUICK REGISTRATION FORM

I. STUDENT INFORMATION

STUDENT NAME _____ AGE _____ D.O.B._____

SEX_____ RACE/ETHNICITY _____ SS# _____

SCHOOL _____GRADE _____ TRACK_____

ADDRESS _____
STREET ADDRESS APT # CITY ZIP CODE

PHONE (HOME) _____ PHONE (MOBILE)_____ PHONE (OTHER) _____

MOTHER/GUARDIAN _____ SS# _____ MOBILE PHONE_____

PLACE OF EMPLOYMENT _____ HOURS_____ PHONE _____

FATHER/GUARDIAN _____ SS#_____ MOBILE PHONE _____

PLACE OF EMPLOYMENT _____ HOURS_____ PHONE _____

MOTHER'S E-MAIL _____FATHER'S E-MAIL_____

EMERGENCY CONTACT _____ RELATIONSHIP _____PHONE _____

II. LIST INDIVIDUAL(S) AUTHORIZED TO PICK UP CHILD:

NAME	AGE	RELATIONSHIP	PHONE	ADDRESS

I ACKNOWLEDGE BY MY SIGNATURE BELOW THAT I AGREE TO THE FOLLOWING:

☐ I give permission for my child to participate in the Summer Camp and all activities provided including; performances, field trips, and transportation from school to the Hepburn Center (if applicable).

PARENT SIGNATURE_____ DATE _____

X **Social Worker verified a copy of student's Birth Certificate is in the file.**

X **Social Worker verified a copy of student's last four digits of Social Security number is in the file.**

Notes/Special Instructions: _____

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