



# Aguila Elementary School District ACCELERATE Summer Camp 2022

## Participant Information Form

**Camp Dates: PART 1 (June 6- 16) & PART 2 (July 18- 28)**

### General Information:

Camper's Full Name: \_\_\_\_\_ SAIS ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity/ Race:  White  Hispanic  Black/ African American  American Indian  Asian  Pacific Islander

Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

### Parent/ Guardian:

Mother/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### School Information:

School Attended in AY 21-22: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School Attending in AY 22-23: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Is the anticipated school for Academic Year 2022-23 a Title 1 school?**  YES  NO

### Medical Information:

May your camper be given non- aspirin medication for pain?  YES  NO

Does your camper have any allergies?  YES  NO If yes, kindly specify. \_\_\_\_\_

Are there any medical conditions that we should know about?  YES  NO If yes, kindly specify.  
\_\_\_\_\_

### Transportation Information:

Will your camper ride the bus?  YES  NO

### In Case of Emergency:

Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone/Cell: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Please specify the phone number you can be reached at DURING CAMP HOURS:** \_\_\_\_\_