

**UNIVERSITY LANGUAGE ACADEMY FOR CHILDREN**

**CAMPER INFORMATION FORM**

Name(s) of enrolled child(ren) \_\_\_\_\_

Age(s) of enrolled child(ren) \_\_\_\_\_

Name(s) of parent(s) \_\_\_\_\_

Email of parent(s) \_\_\_\_\_

Phone of parent(s) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Additional Authorized Pickup person (if needed) \_\_\_\_\_

Allergies or other information \_\_\_\_\_

\_\_\_\_\_