

**INFORMATION FORM ~ Mountain Top Children's Museum**  
**(one child per form)**

Child's Name: \_\_\_\_\_

How long has your child been at this altitude? \_\_\_\_\_

**PARENT INFORMATION:**

Mother's / Guardian's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Father's / Guardian's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Special Instructions as to how the parents or guardians can be reached during camp hours:

\_\_\_\_\_

**AUTHORIZED PERSONS ALLOWED TO PICK UP CHILD**, not parents / guardians, include EVERYONE who may pick your child up.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

**EMERGENCY CONTACTS, (NOT a parent & do not need to be in summit county, is REQUIRED).**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

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

**ADDITIONAL INFORMATION (optional)**

Any special needs or concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_