

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, (can NOT be 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:

