

THE CENTER 2022 SUMMER QUEST APPLICATION

<p>First Parent: Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Cell Phone #: _____ SS #: _____ Company/Employer Name: _____ Work Number: _____ Email address: _____</p> <p>Second Parent: Name: _____ Date of Birth: _____ Address: _____ City: _____ State: _____ Zip: _____ Cell Phone #: _____ SS #: _____ Company/Employer Name: _____ Work Number: _____ Email address: _____</p>	<p>CENTER USE ONLY</p> APP FEE DATE: _____ STAFF INITIALS: _____ ADMISSION DATE: _____ ROOM: _____ SCHEDULE: _____ COMMENTS: _____ _____ _____ _____
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<p>Child: Name: _____ Birthdate: _____ Grade attended this school year: _____ Address: _____ City: _____ State: _____ Home Phone #: _____ Social Security #: _____ Sex: Male Female Race: _____ Hospital Preference: _____ Insurance: _____</p>	<p>Schedule:</p> <table style="margin: auto;"> <tr> <td></td> <td style="text-align: center;">IN</td> <td style="text-align: center;">OUT</td> </tr> <tr> <td>M</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>T</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>W</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Th</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>F</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		IN	OUT	M	_____	_____	T	_____	_____	W	_____	_____	Th	_____	_____	F	_____	_____
	IN	OUT																	
M	_____	_____																	
T	_____	_____																	
W	_____	_____																	
Th	_____	_____																	
F	_____	_____																	

Emergency Contact/ Authorized Pick-up People:
 Name: _____
 Address: _____
 Phone #: _____ Second Phone #: _____ Relationship to child: _____
 Emergency Contact: Yes No Authorized to Pick up: Yes No

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 Address: _____
 Phone #: _____ Second Phone #: _____ Relationship to child: _____
 Emergency Contact: Yes No Authorized to Pick up: Yes No

Signature of Parent/Guardian _____
Date