

Providence House Summer Camp Registration

June 5 – July 28, 2023 (8:30am – 2:30pm)

814 Cotton Street, Shreveport, LA 71101 (318) 221-7887

Lakeisha Florence, Program Administrator

APPLICATIONS MAY BE EMAILED TO: VERNI@THEPROVIDENCEHOUSE.COM

Child's Name _____	Gender _____		
Date of Birth _____	Age as of 6/5/2023 _____		
School _____			
	Mother	Father	Other/Guardian
Name:			
Address:			
City:			
State/Zip:			
Employer:			
Work Phone:			
Cellular Phone:			
Email:			

Person(s) with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone: _____

Individuals to contact in case of an emergency:

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Does your child have any food allergies?

☐ Yes ☐ No

Does your child have any other allergies?

☐ Yes ☐ No

Can your child be photographed to be used for marketing purposes?

☐ Yes ☐ No

Does your child have any dietary restrictions?

☐ Yes ☐ No

Please explain any "yes" answers here:

My child has permission to be released to the following individuals, childcare facilities, or transportation services, in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity.)

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

APPLICATION RECEIVED BY: _____ DATE: _____