

Youth Camp Student Information



DIRECTIONS: It is our goal to make your child’s summer camp a fun and positive experience. To do so, please complete all sections of this form (front and back) and bring to the **LFCC Workforce Solutions office** OR *to the first class. Students will not be admitted to class without this form completed. Only the names listed below will be authorized to check out the student and/or be contacted in the event of an emergency.

* **If your child has a medical condition that requires special care or requires a learning accommodation,** it is important that you bring or mail this form to the LFCC Workforce Solutions’ office at least a week prior to the class.

STUDENT NAME

FIRST NAME / MIDDLE INITIAL / LAST NAME

STUDENT ID NUMBER
For Office use

CLASS INFORMATION (One form per class requested)

NAME OF THE CLASS CHILD IS ATTENDING

START DATE

AUTHORIZED SIGN-IN / SIGN-OUT

Please list ALL names of the parent(s)/guardian(s) and/or other adults who have permission to pick up your child:

	NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER
1.			
2.			
3.			
4.			

NOTE: Adults listed above may be asked to show photo ID at pick-up. Please have ID ready.

EMERGENCY CONTACTS

In the event an emergency situation would arise, list, IN PRIORITY ORDER, who we should contact?

	NAME	RELATIONSHIP TO STUDENT	PHONE NUMBER	ALTERNATE PHONE NUMBER
1.				
2.				
3.				
4.				

HEALTH NEEDS / SPECIAL CONSIDERATION

Check all that apply. Explain. If you need additional space, use the additional information area below.

- Child has allergies, or other health-related issues or conditions that school/instructor should be aware of.

EXPLAIN: _____

- Child takes medication(s) (in general) that the college needs to be aware of.

EXPLAIN: _____

- Child must take medication(s) during the class.

EXPLAIN: _____

- Child carries/may need to use a respirator, EpiPen, or other medical device during the class.

EXPLAIN: _____

- Child requires special learning accommodations or has behavioral needs.

EXPLAIN: _____

PHOTO RELEASE

- Check if you DO NOT wish to have your child's picture taken for promotional/marketing efforts.

ADDITIONAL INFORMATION

Additional information or further explanation for health conditions /special accommodations above.

I (parent/guardian) acknowledge I have provided all necessary and relevant health / learning information regarding the student I am registering for class.

Parent/Guardian Signature

Date

Printed Parent/Guardian Name

LFCC Workforce Solutions Office locations...

Middletown Campus
173 Skirmisher Lane
Corron Community Development Center / Room 103
Middletown, VA 22645
Phone (540) 868-7021
Fax (540) 868-7020

Fauquier Campus (including Vint Hill Center)
6480 College Street
Wolk Hall / Room 209
Warrenton, VA 20187
Phone (540) 351-1524
Fax (540) 351-1530