

Congratulations on making this investment in your family!
We have a few questions that will help us to get to know you and your kids a little better!
Let's get started!!



Primary Guardian

Name _____
Address _____
City _____ State _____ Zip Code _____
Email _____ Phone _____

Alternative Emergency Guardian

Name _____
Address _____
City _____ State _____ Zip Code _____
Email _____ Phone _____

Emergency Contacts or Authorized Guardians

Name _____
Relationship _____
Email _____ Phone _____

Options

After-Care _____	Program Field Trips _____
Breakfast _____	End of Camp Support Pack _____
Lunch _____	Bridges 2 - Academic & Social Enrichment Events _____

--- Please be advised that Bridges Summer Camp will be closed on **Tuesday July 4, 2017** ---

Enrichment Goals

Kids who won't go to summer enrichment camp will typically lose 2 months of knowledge over the summer

What are you looking for in a summer camp?

What outcomes would you like your child to achieve by participating in Bridges Summer Camp? _____

In the past, have your children participated in other summer programs? _____

If yes, which one(s)? _____

Student Information

Name _____

Grade last completed _____ School Type _____ School Name _____

Avg. Language Arts (Reading, Writing, etc.) GPA _____ Avg. Math GPA _____

Academic Interests _____

Academic Challenges _____

Allergies _____

Medical or Health Conditions _____

Activity Restrictions _____

T-Shirt Size _____

Name _____

Grade last completed _____ School Type _____ School Name _____

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