

SPACE EX	(PLORER NAME					
AGE:	GRADE	ENTERING:	SCI	HOOL:		
MOTHER'S	NAME:				96	
WORK#:_		HOME#:	Switch College	CELL#:		
ADDRESS		The last		60		
CITY:	CITY:		STATE:		ZIP:	
FATHER'S	NAME:					
WORK#: _		HOME#:		CELL#:		
ADDRESS	:		•			
CITY:		STATE:		ZIP:		
		PLEASE CII	RCLE ALL TH	IAT APPLY.		
	a)	B	4	E	(3)	
	JUNE 11-15				JULY 16-20	JULY 23-27
	SPACE STATION VACATION				CELEBRATION CELEBRATION	
	M	EDICAL INFO	RMATION AN	<b>ID PERMISSIO</b> I		
1. IN THE	EVENT OF POOR					VIE
THEATR	RE TO SEE A CHIL	DREN'S G OR	PG RATED MO	VIE IN PLACE O	F AN ALREADY	
SCHEDU	JLED OUTDOOR T	RIP. Y/N				
	RSTAND THAT ALI					
	COUNTY SCHOOL E		IER BUS COMP	ANY PROVIDER	. MY CHILD HAS -	
	SION TO RIDE. Y A		OFTEN LISES D	HOTOS OF THE	CHII DDEN WHO A	TTEND
	R CAMP PROGRAM				to a second second	
THAT G	ILCHRIST MAY USI	E MY CHILD'S	PHOTOGRAPH	DURING SUMME	R CAMP ACTIVITIE	S THAT
RELATE	TO THE PROGRA	AM. Y/N				
4. MY CHI	LD HAS PERMISSIO	N TO USE THE	INTERNET WH	IILE BEING SUPE	ERVISED. Y / N	
5. MY CHII	LD HAS THE FOLL	OWING ALLER	GIES OR SPECIA	AL NEEDS:		
6. PLEASE	CIRCLE A T-SHIR	T SIZE: S	M L YO	THOY 2 HTU	H M YOUTH L	
					V CONTACTO	
	AUTHORIZED	ALTERNATE	PICK-UPS AN	ID EMERGENC	Y CONTACTS	