

**Bayview Charities:  
Camp Operation Ascend**

# Student Information Sheet

Summer Camp Start Day \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Concerns or Special Needs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any activities you are involved in:

\_\_\_\_\_

\_\_\_\_\_

Please list your availability for parent meetings (Day of the week/ time(s))

\_\_\_\_\_

\_\_\_\_\_