



FAMILY INFORMATION SHEET

Please take a few minutes to tell us about your family's needs so that we may better serve you. Please tell us about the people you call family:

Guardian's Name _____ Guardian's Name _____
Phone Number _____ Phone Number _____
Email _____ Email _____
Address _____ City _____ ZIP _____
Child 1 _____ Shirt Size _____ Date of Birth _____
Child 2 _____ Shirt Size _____ Date of Birth _____
Child 3 _____ Shirt Size _____ Date of Birth _____

District/Elementary School Child(ren) attend or plan to attend: _____

What are the three most important factors in choosing a summer program for your family?

1. _____
2. _____
3. _____

My child(ren) are or have been previously enrolled in a summer program?

☐ Yes ☐ No

What date do you need to start? _____

Please share with us why you are considering our program? *(check all that apply)*

- ☐ Referral by: _____
- ☐ An advertisement we saw in/at: _____
- ☐ Drive by our facility: _____
- ☐ Others: _____