



## East Hanover Camp Cougar Family Information

**Child's Name:** \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

• **Parent/Guardian Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Please enter the following information if different from child's. Otherwise write SAME.

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  Married  Separated /Divorced  Widowed  
**Please provide a copy of a dated Court Order that limits or restricts  
someone's access to your child.**

• **Parent/Guardian Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Please enter the following information if different from child's. Otherwise write SAME.

Street Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_



## Emergency Contacts Authorized to Pick-up Child

Each individual must have photo-ID available when picking up child.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby acknowledge that I have reviewed and affirm the accuracy of all of my child's family information.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_