

## 2017 Cosmetology S.T.E.M Camp

Date: \_\_\_\_\_

Current Grade/Class: \_\_\_\_\_

\_\_\_\_\_  
Child's Name                      Sex                      Age                      Date of Birth

\_\_\_\_\_  
Home Address                      Home Phone

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

\_\_\_\_\_  
Mother's Work Phone                      Mother's Cell Phone                      Mother's Email

Student Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

(Optional) \_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Father's Work Phone                      Father's Cell Phone                      Father's Email

The date that you are planning to send your child to summer camp.

July 17-21, 2017

My child may be released to parents or to the following relatives or friends:

Name and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Persons to contact in case of an emergency when parents cannot be reached:

Name and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Any Allergies, Medications, or Special Needs (if yes please list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please submit this completed application or bring on July 17, 2017.

Tamika Day, Owner  
Hair University, LLC  
hairuniv@gmail.com  
678-755-1818