

**FCCB Under The Sea Camp**  
**1009 Main Street**  
**Branford, CT 06405**  
***Application and Release Form***

1. **Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

2. **Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

3. **Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade \_\_\_\_\_

**Child(ren) reside(s) with:**

If someone other than parents, please specify name & relationship

Parent 1 Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**In case I cannot pick up my child, please release my child to one of the following people:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_