

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: _____

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: _____