**Sunu Thiossane**

**Cultural Exchange Program 2023 (NYC)**

**Registration Form**

**Family Information**

**Parent/Guardian 1 Parent/Guardian 2 Address**

| **Last Name:**  | **Last Name:**  | **Street** |
| --- | --- | --- |
| **First Name:**  | **First Name:**  |  |
| **Home Phone:**  | **Home Phone:**  |  |
| **Work Phone:**  | **Work Phone:** | **City:** |
| **Cell/Pager:**  | **Cell/Pager:**  |  |
| **Email Address:**  | **Email Address:**  |  |

**Name of School:**

**Grade:**

**Emergency Contact Information**

**The emergency contacts will be notified if the parent/guardians listed above cannot be reached.**

| **Primary Emergency Contact** | **Secondary Emergency Contact** |
| --- | --- |
| **Full Name:**  | **Full Name:** |
| **Relationship: Work Phone:** | **Relationship: Work Phone:** |
| **Home Phone: Cell Phone/Pager:**  | **Home Phone: Cell Phone/Pager:** |

**Release Statements**

**By initialing below, you acknowledge that you have read and agreed to each item.**

| **Photo Release:****I understand that photos and/or video may be taken during camps for use in Sunu Thiossane Summer Learning Academy publications.**  | **Initials** |
| --- | --- |

**Release of Minors**

**All campers are released at the end of camp to their parent/guardian or one of the individuals listed on their form. NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the application unless permission by parents to walk home.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper Information**

| **Last Name:**  | **Grade Completed:**  |
| --- | --- |
| **First Name:**  | **School:**  |
| **Birthday:** **Gender: M F** | **T-shirt Size (circle one): Child: XS S M L**  **Adult: S M L XL** |

**Medical Information**

**Does your child have any allergies? Y N**

 **If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any medical conditions we should be aware of? Y N**

**If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any dietary restrictions (other than allergies)? Y N**

**If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Will your child need to take medication while at camp? Y N**

**If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is there any other information about your child that staff could benefit from knowing to better serve your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release Statements**

**By initialing below, you acknowledge that you have read and agreed to each item.**

| **Travel:****I give my permission for my child(ren) to attend field trip Destinations which correlate to the camp itineraries. I understand that I will be informed of the field trips Scheduled for the week of camp on or before the first day of camp.** | **Initials** |
| --- | --- |
| **Photo Release:****I understand that photos and/or video may be taken during camps for use in SABS Sunu Thiossane Summer Emersion Camp** | **Initials** |

**2020 Camp Registration**

**Total Cost: 200,000 CFA**