

## Gateway Summer Camp Identification and Emergency Card

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

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

Address: \_\_\_\_\_  
Street City Zip code

Date of Birth: \_\_\_\_\_

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### Father

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/work# \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Email: \_\_\_\_\_ Home Email \_\_\_\_\_

Is email an affective form of non-emergency communication? Yes No

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### Mother

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/work# \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Email: \_\_\_\_\_ Home Email \_\_\_\_\_

Is email an affective form of non-emergency communication? Yes No

**PERSONS AUTHORIZED TO TAKE CHILD FROM GATEWAY SUMMER CAMP AND SHOULD BE CONTACTED IN CASE OF EMERGENCY WHEN PARENTS CAN'T BE REACHED:** Please notify your selected persons that a valid ID card will be needed to remove the child from the program.

Name:	Telephone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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\*Please notify the Director IMMEDIATELY if any of the information contained on this card changes!

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