

SCHOOL AGE SERVICES SUMMER CAMP REQUEST

Please circle the weeks of Summer Camp 2012 that you are interested in:

Jun 11 - 15*	Jul 9 - 13	Aug 6 - 10
Jun 18 - 22	Jul 16 - 20	Aug 13 - 17
Jun 25 - 29	Jul 23 - 27	Aug 20 - 24
Jul 2 - 6*	Jul 30 - Aug 3	Aug 27 - 31

1. DATE OF REQUEST (YYMMDD)	AKO EMAIL ADDRESS
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2. FAMILY INFORMATION	
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a. SPONSOR'S NAME (Last, First, Middle Initial)	b. SPOUSE'S NAME (Last, First, Middle Initial)
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c. CHILD'S NAME (Last, First, Middle Initial)	d. CHILD'S DOB (YYMMDD)	e. Grade Completed
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f. HOME ADDRESS (Street, City, State, Zip Code)	g. SPONSOR'S BRANCH OF SERVICE and RANK
	h. DUTY ORGANIZATION

i. HOME TELEPHONE NUMBER (Include Area Code)	j. DUTY TELEPHONE NUMBER (Include Area Code)
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<p>3. SPECIAL NEEDS Has your child been documented with any of the following medical or developmental concerns? circle</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Allergies: Medicine Allergies: Food/Environmental Asthma Attention Deficit Disorder Behavioral Difficulties Cerebral Palsy Diabetes Hearing Impairment Daily Medication Taken _____ </td> <td style="width: 50%; vertical-align: top;"> Heart Murmur/Disease Learning Disabilities Mentally Handicapped Physical Impairment Seizures Speech/Language Delay Visual Impairment Other </td> </tr> </table>	Allergies: Medicine Allergies: Food/Environmental Asthma Attention Deficit Disorder Behavioral Difficulties Cerebral Palsy Diabetes Hearing Impairment Daily Medication Taken _____	Heart Murmur/Disease Learning Disabilities Mentally Handicapped Physical Impairment Seizures Speech/Language Delay Visual Impairment Other
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4. SPONSOR'S STATUS (X one)			
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<input type="checkbox"/> a. SINGLE MILITARY	<input type="checkbox"/> e. SINGLE DOD CIVILIANS	<input type="checkbox"/> h. CONTRACT EMPLOYEE
<input type="checkbox"/> b. DUAL MILITARY	<input type="checkbox"/> f. DOD CIVILIAN/FULL-TIME NON DOD SPOUSE	<input type="checkbox"/> i. MILITARY/FULL-TIME STUDENT SPOUSE
<input type="checkbox"/> c. MILITARY/DOD SPOUSE	<input type="checkbox"/> g. DOD CIV/FT STUDENT SPOUSE	<input type="checkbox"/> j. MILITARY/FULL-TIME NON DOD SPOUSE
<input type="checkbox"/> d. DUAL DOD CIVILIANS		<input type="checkbox"/> k. MILITARY/SPOUSE SEEKING EMPLOYMENT

Signature _____

Date _____

* Not a full week of summer camp.