

**Path~Way to Life Center of Hope Church & Cynthia Mickens Ministries Inc.
 2026 Summer STEAM Learning and Feeding Camp Child Information Sheet
 302 West Palestine Street, Hutchins 75141 888-419-0957**

Child's Last Name _____ First Name _____
 Address _____ City _____ State _____
 Date of Birth _____
 Name of Last School Attended _____
 Last Grade Level _____ Student ID# _____
 Parent / Guardian Name _____
 Phone _____ Email _____
 Emergency Contact Name _____
 Emergency Contact Relation _____ Phone _____

Siblings in the Summer Camp

Name	DOB / Age	Grade

Health Concerns

Food Allergies _____
 Medications _____
 Diagnosis(s) _____

Approved Pick Up List

Name _____ Number _____ Relation _____
 Name _____ Number _____ Relation _____

Child Protective Services

Name	Contact Phone	Child Served

***Your signature acknowledges you are the legal guardian of child/children.**

Parent Printed Name _____
 Parent Signature _____ Date _____