

Canvas by U! Summer Kids Camp

Child Name: _____

Age: _____

Gender: M F Date of Birth: ____/____/____

School Name & Grade: _____

Parents Name: _____

Parent Contact Number: _____

Email: _____

Please list all food/substance allergies and any know medical conditions and medications taken during camp

Emergency contact:

Name, relationship to student & contact number

Person authorized to pick my child up from class:

Parent/guardian

Signature: _____ Date: _____

Circle the camp your child will be attending:

June Session 1

July Session 2

All sales are final. Pay online or make checks payable to
Canvas by U!

3000 Johnson Ferry Rd Suite 214 Marietta, Ga 30062