

2021 Campus Camps Enrollment Form

Camper's LastName Camper's FirstName Birth Date Age T-Shirt Size (Y/A) Grade Entering Sept. 2021

Street Address City State Zip Code Group With

Please provide the contact information for each parent and an individual that we can contact if we are unable to get in touch with either parent. Also, list the person/persons that are authorized to pick-up your child from camp. Camper will only be release to individuals listed below. The authorized person will be asked to show photo identification when signing out the camper. If a parent or other individual is not allowed to pick up, please let us know.

Parent's Name Home Phone Cell Phone Email Address

Parent's Name Home Phone Cell Phone Email Address

Emergency Contact Relationship Cell Phone Home Phone

Authorized to Pick Up #1 Cell Phone Authorized to Pick Up #2 Cell Phone

Authorized to Pick Up #3 Cell Phone Authorized to Pick Up #4 Cell Phone

Medical History

Is child in good health?: **Yes / No** If not, please explain: _____

Does your child have any allergies, medical restrictions or limitations?: **Yes / No** If yes, please explain: _____

Is your child taking any medications regularly?: **Yes / No** If yes, List name, frequency and dosage of each medication(s)*: _____

Is child prescribed an inhaler or epi-pen? **Yes / No** If yes, please explain*: _____

***A Physician's note must be accompanied by any medications**

Does your child have a severe or chronic developmental disability? **Yes / No** If Yes, please provide details of any accommodations your child will need: _____

Are there any special services that your child receives in school (Aide, Smaller Class Size, OT, PT, Speech, Counseling, etc.)? **Yes / No** If yes, please explain: _____

Are you or your child nervous or excited about any aspect of camp? **Please List:** _____

Any other information that you would like us to know about your child to help us give them the best camp experience possible? (Use back if needed)

Please attach Proof of Immunization signed (or stamped) and dated by your child's physician - Proof of Immunization should include dates for (DTP), (MMR), (Hib), (PCV), (IPV/OPV), (Chicken Pox), (Hepatitis B), and any others.

Parent/Guardian Signature: _____ Date: _____