

Day Camp Information Form

Camper Name _____ Date of Birth: _____ Age: _____

Camp is paid for (circle one): In Full Payment Plan Option #1 Payment Plan Option #2

First Time Camper? YES NO T-Shirt Size: YS YM YL AS AM AL School: _____

Is your child enrolled in (circle one): Sunrise Camp Sunset Camp Both N/A

Home Address _____ City _____ Zip Code _____

Mothers Name _____ Cell: _____ Work: _____ Home: _____

Circle best form of contact: Cell Work Home

Fathers Name _____ Cell: _____ Work: _____ Home: _____

Circle best form of contact: Cell Work Home

My child lives with (circle one) Both Parents Mother Only Father Only Other

Emergency Name _____ Phone # _____ or _____

Please list who is allowed to pick your child up from camp (if there are more than 3 please list them on the reverse side)

_____ Relationship to child: _____ Phone # _____

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(If a situation arises, please send a note to camp with your child stating who will be picking up that day with their phone number.)

Please list who is **NOT** allowed to pick up your child (if applicable) _____

* Does your child have any allergies? _____ If so, please explain _____

* Is your child on any medication? _____ Please contact camp director for separate Permission to Dispense Medication form. **Do you need to keep this medication at camp?** _____ If medicine is to be kept at camp, and/or administered please be sure to give it to the Camp Director with specific instructions.

* Does your child have any fears? _____ If so, what are they and how do you handle them at home? _____

* Does your child have any physical limitations of which we should be conscious? _____

* Please identify any special adaptations or accommodations necessary to assist your camper in participating in the camp program. _____

* Is the camper currently under the care of a physician or psychologist? (If yes, please explain) _____

* Are there any emotional, physical, learning, or developmental needs we should be aware of? (If yes, please explain) _____

YES NO - In an emergency only – if staff feels that my child needs sunscreen, I give my permission for them to apply it on my child. (We recommend bringing only spray sunscreen)

I understand every effort will be made to contact parents or guardians of campers in case of emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the camper directly to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child. Camp authorities may take such emergency measures, as they deem appropriate, including transportation, and shall notify the parent/guardian as soon as possible. I have completed this emergency form in full and have attached a current immunization record.

Parent Guardian Name (Printed) _____

Parent/Guardian Signature: _____

Date: _____