

# 2022 Campus Camps Enrollment Form

## Days Attending:

- January 17<sup>th</sup>  
 February 23<sup>rd</sup>  
 April 15<sup>th</sup>  
 April 20<sup>th</sup>

- February 21<sup>st</sup>  
 February 24<sup>th</sup>  
 April 18<sup>th</sup>  
 April 21<sup>st</sup>

- February 22<sup>nd</sup>  
 February 25<sup>th</sup>  
 April 19<sup>th</sup>  
 April 22<sup>nd</sup>

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Camper's Last Name      Camper's First Name      Birth Date      Age      Approximate Drop Off & Pick Up Times

Street Address      City      State      Zip Code      Grade Entered in Sept. 2021

**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.**

Parent's Name      Home Phone      Cell Phone      Email Address

Parent's Name      Home Phone      Cell Phone      Email Address

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

*By signing below, you acknowledge that you have read through the 2021 Terms & Conditions and understand that this information will apply to our 2021-2022 Vacation Camps (when applicable). I hereby assume all the risks associated with my child's participation. I am asserting that I knowingly and voluntarily assuming all such risks for my child as well as medical expenses incurred as a result of injury or illness to my child.*

**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: \_\_\_\_\_