

2022-2023 Campus Camps Enrollment Form

Please list the Days Attending in the box:

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| Camper's Last Name | Camper's First Name | Birth Date | Age | Approximate Drop Off & Pick Up Times |
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|----------------|------|-------|----------|-----------------------------|
| Street Address | City | State | Zip Code | Grade Entered in Sept. 2022 |
|----------------|------|-------|----------|-----------------------------|

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.

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|---------------|------------|------------|---------------|
| Parent's Name | Home Phone | Cell Phone | Email Address |
|---------------|------------|------------|---------------|

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|---------------|------------|------------|---------------|
| Parent's Name | Home Phone | Cell Phone | Email Address |
|---------------|------------|------------|---------------|

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|--------------------------|------------|--------------------------|------------|
| 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 2022 Terms & Conditions and understand that this information will apply to our 2022-2023 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: _____