



CHILD'S APPLICATION FOR SUMMER CAMP 2020

Name of Child _____ Birth date _____
 (Last) (First) (MI) (Nickname)

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY: E-mail: _____

Parent/Guardian's Name _____ Mother's Cell _____ Father's Cell _____

Address _____ Zip Code _____

Health Insurance Carrier _____ Policy# _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___

Explain: _____

Please give any information concerning your child which will be helpful in his experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes)

PLEASE INDICATE AGE GROUP:

_____ 15 months to 3 years old _____ 3 to 5 years old _____ *** 6 to 8 years old ***

PLEASE CIRCLE DESIRED AFTERNOON PICK-UP TIME IN EACH WEEK OF ATTENDANCE:

Wk#1: Jun/15–19 12:30, 2:30 OR 5:30 Wk#2: Jun/22–26 12:30, 2:30 OR 5:30 Wk#3: Jul/6–10 12:30, 2:30 OR 5:30

Wk#4: Jul/13–17 12:30, 2:30 OR 5:30 Wk#5: Jul/20–24 12:30, 2:30 OR 5:30 Wk#6: Jul/27–31 12:30, 2:30 OR 5:30

Wk#7: Aug/3–7 12:30, 2:30 OR 5:30 _____

*** For children who are 6-8 years old, only 12:30pm and 2:30pm pick-up schedules will be available. ***

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If the parent (or guardian) can't be contacted, call (please list relationship):

Name _____ Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____ / / 2020 _____
 (Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

_____ / / 2020 _____
 (Signature of Operator) (Date)