

REGISTRATION/EMERGENCY INFORMATION

SUMMER CAMP

Child's Name: _____ Birthdate: _____

Home Address _____

Parent's Email address _____

Home Phone # _____

Mother's Name _____ Father's Name _____

Mom's Cell Phone # _____ Dad's Cell # _____

Mom's Work # _____ Dad's Work # _____

Emergency Contact if we can't get in touch with parents (please choose someone local):

Name: _____ (Relationship to child) _____

Home Phone # _____

Cell Phone # _____

Doctor's Name: _____ Phone # _____

Allergies: _____

Please answer the following questions so we can better know your child. Check any that apply and give a detailed description below.

_____ Does your child have any disabilities or emotional issues?

_____ Would anything limit his/her physical activity?

_____ Does your child have any pronounced fears?

_____ Has your child shown any separation anxiety?

Explain: _____
