



Camper's Name: _____

Circle: boy girl Date of Birth: _____ age as of June 2009: _____ Grade September 2009: _____

****Name of sibling(s), if also attending Camp _____

Father's Name: _____ Mother's Name: _____

Father's home phone _____ cell phone _____ email _____

Mother's home phone _____ cell phone _____ email _____

Child lives with _____ M T W Th F

Address _____ City, State, Zip: _____

Child lives with _____ M T W Th F

Address _____ City, State, Zip: _____

Emergency contact person (other than parent) _____ relationship _____

Home phone _____ cell _____ work _____ e-mail _____

School _____

Medical Insurance Carrier _____ policy # _____

Family Doctor or Pediatrician _____ phone _____

Please list any special needs or physical limitations we should be aware of _____

Please place my child with _____ (name of friend attending camp)

Enrollment is on a space available basis. Minimum enrollment required. Fill out separate application for each child. →

