

Summer Camp Form



child

last _____ first _____

date of birth ____/____/____ gender ____

address _____ Apt _____

city _____ state _____ zip _____

allergies/special needs _____

Has your child been fully vaccinated for Covid-19?* _____

*If yes, please send a copy of the child's Covid-19 vaccination record

Which camp?

parent/guardian

Full Name _____

Best Phone _____ - _____ - _____

Alternative Phone _____ - _____ - _____

email _____

Full Name _____

Best Phone _____ - _____ - _____

Alternative Phone _____ - _____ - _____

email _____

additional emergency contact

Full Name _____

Best Phone _____ - _____ - _____

relationship _____

the following are authorized to pick up my child (if different from above)

Full Name _____

Best Phone _____ - _____ - _____

relationship _____
