



Camper Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Date of Birth: _____ Gender: _____

Grade Entering in The Fall 2023: _____

Please list any allergies, special needs, dietary restrictions, health needs or other information that will help get to know your child:

Parent/Guradian Information

Name: _____

Name: _____

Address: _____

Address: _____

Date of Birth: _____

Date of Birth: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Emergency Contact Information

In addition to the parents/guardians listed above, please list the names and phone numbers of emergency contacts for your child in the event that you are unable to be reached in an emergency. The following individuals will also be authorized to pick-up your child from camp.

1. Name: _____ Relationship to camper: _____

Address: _____

Cell Phone: _____ Home Phone: _____

2. Name: _____ Relationship to camper: _____

Address: _____

Cell Phone: _____ Home Phone: _____