

Camper Information

Child's First Name _____ Middle Initial _____ Last Name _____

Gender M F Birth date ____/____/____

This will be my child's _____ year at camp Age (as of June 1st 2023) _____

Child resides with (please circle) Mother Father Both Other _____

Swim Ability Beginner Intermediate Advanced (All children will still be swim tested)

Does your child have an Individualized Education Plan?* Yes No If yes, a copy of the IEP is required at time of registration.

*a meeting may be requested with the Day Camp Director and Youth Development and Sports Director to discuss the IEP

Parent/Guardian Information—Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name _____ M.I. _____ Last Name _____

Gender M F Birth date ____/____/____

Address—Home (Street, City, State, Zip) _____

Work Number: _____ Cell Number: _____

Daytime Address _____

#2 Parent/Guardian First Name _____ M.I. _____ Last Name _____

Gender M F Birth date ____/____/____

Address—Home (Street, City, State, Zip) _____

Work Number: _____ Cell Number: _____

Daytime Address _____

Emergency Contacts/Others Authorized to Pick Child Up—Must put one other person other than the parent or guardian.

#1 First Name _____ Last Name _____ Relationship to child _____

Address _____ Phone Number _____

Second phone number _____

#2 First Name _____ Last Name _____ Relationship to child _____

Address _____ Phone Number _____

Second phone number _____

Other People authorized to pick up child:

Please provide name and phone number for anyone else allowed to pick up your child

1. _____ 2. _____
 3. _____ 4. _____

List the MONTH, DAY, AND YEAR the child received each of the following immunizations. **DO NOT USE a checkmark.** If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

TYPE OF VACCINE	1 st Dose (M/D/Y)	2 nd Dose (M/D/Y)	3 rd Dose (M/D/Y)	4 th Dose (M/D/Y)	5 th Dose (M/D/Y)
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenza Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox					

My child does not meet all immunization requirements. These Requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the day camp.

For religious reasons, I have chosen not to vaccinate this student with the following immunizations

(Circle all that apply) DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations

(Circle all that apply) DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

Signature: _____ Date: _____