



# Application for Enrollment 2023

Please submit completed form with non-refundable \$35 processing fee

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell (parent): \_\_\_\_\_ Cell (parent) \_\_\_\_\_

Alternate Email(optional): \_\_\_\_\_

Work Phone (parent) \_\_\_\_\_ Work Phone (parent) \_\_\_\_\_

**Non- Parent Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone Number of (non-parent) Emergency Contact: \_\_\_\_\_

**Camper's Physician:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

Physician's Address: \_\_\_\_\_

List all Known Allergies: \_\_\_\_\_

Will Camper Need Medication Administered at Camp? YES NO

List All Medications Currently Taking: \_\_\_\_\_

Does your child currently receive specialized therapies/services? YES NO

If Yes, please list along with the duration of each therapy/service:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate which weeks you would like your camper to attend. Campers must enroll for 2 weeks (session 1 or Session 2 or Both)

Session 1  
\_\_\_\_\_ WEEK 1 (July 10-July 14)

Session 2  
\_\_\_\_\_ WEEK 3 (July 24- July 28)

\_\_\_\_\_ WEEK 2 (July 17- July 21)

\_\_\_\_\_ WEEK 4 (July 31- August 4)

Please list all current medical diagnoses including physical, psychiatric or behavioral. Please also include any health concerns of which we should be aware. Please add any additional information you think may be helpful in placing your camper. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

Will you need Before/After Care Yes \_\_\_\_\_ No \_\_\_\_\_