

Congregational Day Camp Registration 2023

Camper Information Last, First, Middle Initial City, State, Zip Code Home Congregation: Date of Birth ____/___ Age at camp _____ Grade Entering_____ Custodial parent(s)/guardian(s) ______ Name Home address (if different from above) Street Address City State Zip Code In case of emergency, we (I) can be reached by phone at: Home phone (____)_____ Work phone (____)____ If we (I) are not available in an emergency, please contact: Relationship ______ Phone (____) Street address

City State Zip Code



Medical Information

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Medication Allergies	
Food Allergies	
Date of last Tetanus shot/	
Medication(s) currently being taken	
_	
Family Physician	Phone ()
Medical Insurance Company	
Insurance ID number	
Would your camper benefit from any programmatic according	mmodations? If so, please explain.



Release of Camper to Non-Parent or Guardian

Please fill out this form if someone other than the custodial parent or guardian is to be picking the child up at the end of the camp day.

Camper's Name:	
Parent/Guardian's Name:	
Name of person(s) picking up the camper:	
Relationship to camper:	
List day(s) to be picked up:	
_	PARENT/GUARDIAN'S SIGNATURE
Field Trip Permission Form	
has	my permission to accompany the
	Summer Day Camp to
(Host congregation)	1
during the week of (Field Trip Location) (Dates)	
The camper has permission to (ride or walk) to of the Day Camp staff.	the field trip destination under the supervision
PARENT/G	UARDIAN'S SIGNATURE Date