

Summer Camp Series 2024 Registration Form

Camp Name	Dates	Full Camp or Single Day	Days Attending (If Single Day option)
Camp Extravaganza	June 18-20	,	. ,
Farm Adventures	June 24-27		
Summer Staycation	July 1-3		
All the Parks	July 8-11		

Student Information		
Student Name:	DOB:	Age:
Identified Gender:	Preferred Pronouns:	
Address:		
	Student's Phone:	
Primary Email:		
Parent/Guardian Information		
Name:		
	Email:	
Place of Work:		
Name:		
Address:		
	Email:	
Place of Work:		



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Emergency Contact

Please list the name, relationship, and contact information for someone other than the person's named above that can be contacted in case of an emergency when a parent/guardian cannot be reached.
Name:
Relationship:
Phone:
Health Information
Please list any medical or behavioral health concerns that your child has.
Please list all medications that your child is taking.
Please list any medications your child will be taking during camp and instructions for giving these medications.
Please list any allergies your child has (not including food allergies), how these are treated, and what treatment to give if these allergens are encountered during camp.



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Please list any dietary restrictions, food allergies, or sensitivities that your child has.
If you child has any food allergies, sensitivities, or restrictions, please list substitutions that can be made for those items.
Please list any accommodations that your child has in the school setting.
Primary Health Care Provider Name, Clinic Name, and Phone:
Dentist Name and Phone:
Preferred Hospital in case of emergency:

Anything Else?

Is there anything else that I should know to help make this a great experience for your child?