JULIA ON THE EDGE

Summer Camp Series 2025
Registration Form

	Camp Name	Dates	Full Camp or Single Day	Days Attending (If Single Day option)
	Backyard Nature	June 10-12		
	Farm Adventures	June 23-26		
	Challenge Camp	July 7-10		
	Adventure Camp	July 21-24		
	Summer's Last Blast	August 18-21		

Student Information

Student Name:_____DOB: _____ Age:_____

Gender:_____

Address:_____

Primary Phone:_____ Student's Phone:_____

Primary Email:_____

Parent/Guardian Information

Name:_____

Address:_____

Phone:_____ Email:_____

Place of Work:_____

Name:_____

Address:_____

Phone:_____ 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?