

Norwoodville Community Center Summer Day Camp Registration Form

CHILD'S NAME _____ GENDER _____ AGE _____ DOB _____
CHILD'S ADDRESS _____ CITY _____ ZIP _____
PHONE: (H) _____ © _____
SCHOOL _____ GRADE GOING INTO _____

PARENT/GUARDIAN INFORMATION

NAME _____ RELATION TO CHILD _____
ADDRESS _____ HOME PHONE _____
CELL PHONE _____ Place of Employment _____
WORK HOURS _____ WORK NUMBER _____
EMAIL _____

NAME _____ RELATION TO CHILD _____
ADDRESS _____ HOME PHONE _____
CELL PHONE _____ Place of Employment _____
WORK HOURS _____ WORK NUMBER _____
EMAIL _____

Child is living with: Mother _____ Father _____ Grandparent _____ Stepparent _____ Other _____

ADDITIONAL CONTACTS

List two other adults we may contact in the event of a medical emergency or disciplinary problem that would be allowed to pick up your child/ren immediately should the need arise and we are unable to contact you.

NAME	RELATION TO CHILD	WORK/CELL NUMBERS
1. _____	_____	_____
2. _____	_____	_____

** We will not release a child to an individual unless their name appears on this form. YOU must call the center and inform staff if a person NOT listed will be picking up your child. Upon arrival, that individual may be asked to provide identification. Also, please keep staff informed of any changes that need to be made to the list.

I hereby give my consent for my child to attend the Norwoodville Summer Day Camp and further release the center and its employees from responsibility or liability for any injury or accident that occurs while my child is attending the program. I also allow my child to participate in the activities scheduled by the center.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____

NORWOODVILLE SUMMER CAMP- MEDICAL INFORMATION

CHILD'S NAME _____ GENDER _____ AGE _____ DOB _____

ADDRESS _____ CITY _____ ZIP _____

****Is your child allergic to any medications, insect bites or stings?** Yes _____ No _____

If yes, please specify: _____ Can your Child Swim? _____

****List medications your child takes regularly** _____

Has your child had a severe illness or accident within the past year? Yes _____ No _____

If yes, please state type, date and any pertinent information in regards to such illness or accident.

Does your child have any chronic health problems, such as asthma, etc.? Yes _____ No _____

If yes, please specify _____

****Is there any concern of your child withstanding summer heat and humidity?** Yes _____ No _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Relation _____

Home _____ Cell _____ Work _____

Parent/Guardian Name _____ Relation _____

Home _____ Cell _____ Work _____

In case of an illness or accident and the contacts listed above cannot be reached, whom should we call?

Name _____ Relation to Child _____

Home _____ Cell _____ Work _____

Name _____ Relation to Child _____

Home _____ Cell _____ Work _____

Are they aware we might call? Yes _____ No _____

INCASE OF AN IMMEDIATE MEDICAL EMERGENCY, I GIVE MY PERMISSION FOR MY CHILD TO BE TAKEN TO _____ HOSPITAL.

Physician's Name _____ Phone _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____