

SESSION _____

“CAMP SMILE CAMPER APPLICATION AND FAMILY RECORD”

CHILD’S NAME _____ MALE _____ FEMALE _____ AGE _____

DATE OF BIRTH _____ ADDRESS _____

PARENTS: FATHER _____ MOTHER _____

HOME PHONE: _____ WORK PHONES: FATHER: _____

CELL PHONE: _____ MOTHER: _____

CONTACTS, IN THE EVENT OF AN EMERGENCY, IF PARENTS CANNOT BE REACHED:

1. NAME _____ ADDRESS _____ PHONE: _____

2. NAME _____ ADDRESS _____ PHONE: _____

IF YOU HAVE ANY COMMENTS ON YOUR CHILD’S PARTICULAR AREAS OF INTEREST, BEHAVIOR PATTERNS, ETC. THAT WOULD HELP MAKE “CAMP SMILE” MORE ENJOYABLE FOR HIM/HER, PLEASE INDICATE ANY COMMENTS BELOW.

RESTRICTIONS/SPECIAL NEEDS: _____

MY CHILD’S SHIRT SIZE: SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____

MY CHILD WILL REQUIRE BUS TRANSPORTATION TO AND FROM CAMP: _____ YES _ _____ NO

IF YES, WHAT WILL THE PICK UP/DROP OFF ADDRESS BE AND WHO WILL BE THE CONTACT AT THAT ADDRESS?

CONTACT: _____

ADDRESS: _____

CITY/ZIPCODE: _____

PHONE: _____

CELL PHONE: _____