

CAMPER INFORMATION FORM

(Must fill out separate form per child)

Attach a recent photo of your child

Camper Name _____

School Attending _____

Birth date & Age _____ Grade in Fall 2018 _____ Sex (Female) _____ (Male) _____

Home Address _____ Town _____ Zip Code _____

Mothers Name _____ Phone # _____

Fathers Name _____ Phone # _____

Nannies Name _____ Phone # _____

Email _____

Emergency Name _____ Phone # _____

(If none of the above can be reached)

Primary email address _____

Authorized Pick-Up List

Please list anyone (other than yourself and those listed above) who has permission to pick up your child. If the person named is not on this list, they **cannot** pick up your child from camp, unless you call **and/or** send a note stating they have permission to do so.

1. _____ Relationship & Phone # _____

2. _____ Relationship & Phone # _____

3. _____ Relationship & Phone # _____

4. _____ Relationship & Phone # _____

Medications and Allergies

- Does your child have any allergies? _____ If so, please explain _____

Does your child use an epinephrine pen for allergies? _____ *(If yes, A Permission to Dispense Medication Form must be completed and returned to Park District Office prior to the start of camp)*

- Is your child on any medication? _____ Will child need to take medication during camp? _____ *(If yes, A Permission to Dispense Medication Form must be completed and returned to Park District Office prior to the start of camp)*

(Over)

Additional Camper Information

- Does your child have any fears? _____ If so, what are they and how do you handle them at home?

- Does your child have any physical limitations of which we should be aware? _____

- Please identify any special adaptations or accommodations necessary to assist your camper in participating in the camp program. _____
- Have there been any incidents with family or school that we should be aware of at this time? Please explain. (ex: new babies, divorce, moving, illness of a family member, death, long term visits of relatives, school concerns, etc.) _____

- What is your child looking forward to at camp? _____
- What would you like your child to gain from camp this summer? _____
- What are your child's special interests or skills? _____

Please list any weeks/dates your child will not be attending camp. If you are unsure right now, please let us know in advance during the summer.

**Clarendon Hills Park District
CAMP GROUP REQUEST FORM**

Please understand that we will do all that we can to accommodate your requests. We group children according to age and grade.

Please list <u>ONE</u> name of another camper you wish to be in the same group with:	Preferred T-shirt size: <input type="checkbox"/> X-Small (2 – 4) <input type="checkbox"/> Small (6 – 8) <input type="checkbox"/> Medium (10 – 12)
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All Forms Due By Friday, May 26th!