

--Camper Information--

Child's Name: _____ Boy/Girl _____
D/O/B: _____ Grade as of January 2020: _____
Home Address: _____ City/Zip: _____
____ Returning Camper ____ New Camper ____ Sibling of Returning Camper
Camper's Shirt Size (circle one): YS YM YL AS AM AL AXL
Child Lives With: ____ Both Parents ____ Mother ____ Father ____ Other
If other, please explain: _____
Referred by: _____ (Must be listed at time of Enrollment)
How did you hear about our camp? _____

Please include a photo of your child for our records. You may also email a photo to put into their digital file.

(PLEASE INCLUDE CAMPER'S NAME ON THE BACK OF PHOTO)

--Parent/Guardian Information--

Parent/Guardian (1) Name: _____ Home #: _____
Home Address: _____ City/Zip: _____
Work #: _____ Ext.: _____ Cell#: _____
Email: _____ (This email will receive all camp information and notices)

Parent/Guardian (2) Name: _____ Home #: _____
Home Address: _____ City/Zip: _____
Work #: _____ Ext.: _____ Cell#: _____
Email: _____ (This email will receive all camp information and notices)

Please answer all the questions (1-5) below (Use additional paper if necessary)

1. What does your child like to do in his/her free time? _____
2. Describe how your child interacts with his/her peers: _____
3. Have there been any major changes in your family situation in the past year (family move, separation, divorce, death, new school, birth, etc.) If so, what effect did this have on your child? _____
4. Is your child or family receiving any special help with emotional concerns or behavior at school or home? (Psychiatrist, counselor, social worker, etc.) If so, please explain. (Use additional sheet if necessary) _____
5. Is there anything else you would like us to know about your child that will aide us in helping him/her have a safe and enjoyable summer? Any specific concerns about your child? (Use additional sheet if necessary) _____

Please Answer All Boxes (1-10) Below (Use additional paper if necessary)

1 In the event of an emergency, please have an ambulance take my child to: _____

2 Has your child been identified as needing support or supplemental services during the school year in any of the following areas?
Please check all that apply: Academic Behavioral (i.e. ADD/ADHD)
 Speech/ Language Personal/Social

Please describe the nature of these services: _____

3 Does your child have an EpiPen? YES NO

4 Does your child use an inhaler? YES NO

5 **ALLERGIES:** Is your child allergic to any medications, animals or insect stings? If so, please explain:

FOOD ALLERGIES: All campers that have food allergies will be seated at a table designated for food allergies. Please list any/all foods that your child is allergic to. Any items listed here will not be given to your child in any form.

Please list any foods that you do not wish your child to have: _____

6 Does your child take any daily medications? YES NO If yes, please list the medication and dosage: _____

7 Does your child have any medical/physical restrictions? YES NO If yes, please explain:

8 Does your child suffer from any of the following?
 Asthma Hearing Loss Diabetes Convulsions Other
If other, please explain: _____

9 Do you give us permission to administer **Tylenol** to your child? * YES No
If yes, please list your child's weight and correct dosage for Children's Tylenol: Weight: _____ Chewable Tablets: _____ Liquid: _____
***Please note we will not administer Tylenol without contacting you first unless in the case of an extreme emergency.**

10
We are required by the NJ Department of Health and Senior Services to have a current copy of each camper's Immunization Records on file. If your child attended our camp in 2019 and has not had ANY new immunizations since June 2019, you may check below, and we will use last year's records if they were new (we can only reuse immunization records once).
_____ NO CHANGES SINCE SUMMER 2019 (APPLICABLE TO 2019 CAMPERS ONLY)

I certify that the health history information provided on this form is correct. My child has permission to engage in all camp activities and be transported to and from field trips that I have selected for him/her. If I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize and secure proper treatment for my child as named above. I will notify the Camp Director if there are any changes to my child's medical information in writing.

Parent/Guardian Signature: _____ **Date:** _____