

Summer Camp Enrollment

Camper's Information

| Legal Name | | |
|---------------------------|----------------------------------|--|
| Nickname/Preferred Na | e: | |
| Address: | | |
| Date of Birth: | Gender: | |
| Camp enrolling for (Plea | e check all that apply): | |
| July 9th-12th (8-14 yrs o | () | |
| July 16th-19th (8-14 yrs | d) | |
| July 30th-August 2nd (4 | yrs old) **ONLY UNTIL NOON** | |
| August 13th-16th (8-14 | s old) | |
| Additional child care fro | 3pm - 5:30pm? If so, which days? | |
| (Please circle) Monday | uesday Wednesday Thursday | |
| Parent/Guardian Inforn | tion | |
| Mother/Guardian Full N | me: | |
| Nickname/Preferred Na | e: | |
| Iome Phone: Cell Phone: | | |
| Email: | | |
| Address: | | |
| Place of Employment: _ | | |
| Work Phone: | | |

| Does the Campe Yes | , | allergies or medical conditions we should know about? |
|---|---|---|
| | | ······································ |
| Is English the pri | mary language spoken in th | ne home?YesNo |
| activities, that w | e should be aware of? | t interfere with the applicant's ability to participate in camp _YesNo If yes, please explain. |
| Emergency Cont | | |
| Name: | Rela | tion to Camper: |
| Emergency Cont | act's Phone Number: | |
| Camper's Insura | nce: | |
| Camper's Physic | ian: | |
| Camper's Dentis | t: | |
| participants. It d orientation, vete provide nature b | oes not discriminate unlaweran status, national or ethr | educational Summer camp that seeks diversity in its fully on basis of race, color, religion, age sex, sexual nic origin, or disability. Happy Roots Mission Statement: To ational opportunities to enhance the wellness of the |
| hereby makes fo camp fee. I unde | ormal enrollment for my chi | is true to the best of my knowledge. The undersigned ld to attend Happy Roots Summer Camp. Enclosed is the I not be processed until the camp fee is received, and that all |
| Guardian Name | Printed | Guardian Signature |