

Creative Arts



Programs

Animals In Art 2011 Registration Form

Child's Full Name: _____ Gender: M F D.O.B.: _____ Age: _____

Nickname: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Email: _____

Current School: _____ Grade: _____

Language(s) spoken at home: _____

Mother/Guardian's Name: _____ Day Phone: _____ Cell/pager: _____

Father/Guardian's Name: _____ Day Phone: _____ Cell/pager: _____

Emergency Contact Person: _____ Phone: _____

Address: _____ City: _____ Zip _____

Name of out of state Relative or Friend: _____ Phone: _____

Physician's Name: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Year of last immunization or booster: Tetanus: _____ Diphtheria: _____ Whooping Cough: _____ Polio: _____ Mumps: _____

Measles: _____ German measles: _____ TB: _____

Please check the ones your child **HAS** had: chicken pox German measles mumps strep throat bronchitis diabetes
Mononucleosis heart trouble seizures diphtheria measles scarlet fever asthma earaches pneumonia
Nosebleeds headaches fainting spells

List any allergies your child has (food, seasonal, environmental):

If your child's activity is limited, please explain:

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Please provide any other information regarding your child that you think we should know (include activities and snacks your children enjoys)

Please list your child's strengths (Describe special qualities; what is easy for your child?)

Please list your child's challenges (What is difficult for your child?)

In the event that I cannot be reached in an emergency, I hereby give permission to the physician listed above or other health advisor who is located near the camp, and who by virtue of the legal guardian's signature below, will have full authority to render any all necessary treatment for my child at my expense. I further accept the responsibility that my child is physically able to participate in camp activities. I have read and fully agree with all the terms of registration as stated in the Enrollment Package.

Parent/Guardian Signature

Date