



## FALL & WINTER BREAK REGISTRATION FORM

### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

### MEDICAL INFORMATION

Health Card No. \_\_\_\_\_ Membership No. \_\_\_\_\_

DISABILITY?  Yes  No

Are there any concerns (physical/social etc.) of which we should be aware of to assist your camper adjust?  Yes  No

If yes, please specify: \_\_\_\_\_

ALLERGIES? (food, drug, other) \_\_\_\_\_

MEDICATION?  Yes  No If yes, please specify \_\_\_\_\_

Fall Break | November 20-24

Winter Break | December 18 – January 5