

# CAMP OLMSTED REGISTRATION FORM

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ MALE  FEMALE   
C/O Last Name \_\_\_\_\_ First \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Primary Language Spoken: \_\_\_\_\_  
School \_\_\_\_\_ Current Grade \_\_\_\_\_ Education:  Regular  Special (type) \_\_\_\_\_

## **2019 Season:**

- Session 1:** July 1<sup>st</sup> – July 12<sup>th</sup>  
 **Session 2:** July 15<sup>th</sup> – July 26<sup>th</sup>  
 **Session 3:** July 29<sup>th</sup> – August 9<sup>th</sup>

Has your child attended Camp Olmsted before?  Yes  No

How did you hear about us?  Friends  Flyer  School  Mailing  Online  Agency

Are you a member of a Methodist Church? (Optional)  Yes  No

Church/Agency affiliation (if any): \_\_\_\_\_

## **FAMILY DATA** - For phone numbers, please circle Home, Work or Cell.

Mother's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (H / W / C)  
 Check box if child lives with this person. Phone (\_\_\_\_\_) \_\_\_\_\_ (H / W / C)  
Father's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (H / W / C)  
 Check box if child lives with this person. Phone (\_\_\_\_\_) \_\_\_\_\_ (H / W / C)  
Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (H / W / C)  
 Check box if child lives with this person. Phone (\_\_\_\_\_) \_\_\_\_\_ (H / W / C)

## **EMERGENCY CONTACTS**

**Two people who will be responsible for the child if the parent or guardian is not available.**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

## **PUBLIC ASSISTANCE INFORMATION**

AFDC # \_\_\_\_\_ IM CENTER \_\_\_\_\_

## **HEALTH INSURANCE DATA**

Medicaid Number \_\_\_\_\_  
Medical Plan/Insurance \_\_\_\_\_ ID or Policy Number \_\_\_\_\_

**\*PLEASE ATTACH A COPY OF CHILD'S MEDICAID CARD OR MEDICAL INSURANCE CARD TO REGISTRATION FORM.\***

# CAMP OLMSTED REGISTRATION FORM

## Parent Comments

Is your child most comfortable speaking a language other than English?  No  Yes If yes, please specify:

Is your child's appetite:  light  average  hearty Is your child a vegetarian?  Yes  No

What are your child's favorite foods? \_\_\_\_\_ Any **food allergies**? \_\_\_\_\_

Does your child have an EpiPen?  Yes  No List allergies requiring EpiPen: \_\_\_\_\_

Does your child have any other allergies?  Yes \_\_\_\_\_  No

What allergy medication does your child take? \_\_\_\_\_

Does your child have asthma?  Yes  No Does your child have an asthma pump or nebulizer?  Yes  No

Can your child swim?  No  Yes If yes, where did he or she learn? \_\_\_\_\_

Does your child like:  Art  Swimming  Reading  Hiking  Singing  Dancing  Nature Studies  
 Cooking  Drama  Other: \_\_\_\_\_

Does your child:  Have Nightmares  Sleepwalk  Wet the bed

Does your child fear:  The Dark  Heights  Water  Other \_\_\_\_\_

Has your child been away from home before?  No  Yes If yes, where? \_\_\_\_\_

What words would you use to describe your child? \_\_\_\_\_

Do you have any special recommendations for the care of your child? \_\_\_\_\_

Does your child have any special needs?  Educational  Social  Emotional  Other (Please Describe)

How does your child handle conflicts with adults? \_\_\_\_\_

How does your child handle conflicts with other children? \_\_\_\_\_

Is there anything else you would like to tell us about your child? \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_

Revised: 2006-2018

[www.campolmsted.org](http://www.campolmsted.org)