CAMP OLMSTED DAY CAMP
REGISTRATION FORM

Child's Last Name _____ First _____ ☐ Male ☐ Female

Parent Last Name _____ First _____ Child's Date of Birth _____

Address _____ City, State _____ Zip _____

Home Phone _____ Primary Language Spoken _____

School _____ Education ☐ Regular ☐ Special (type) _____ Current Grade _____

Camp Weeks Requested:

☐ Week 1: July 1st – July 5th
☐ Week 2: July 8th – July 11th
☐ Week 3: July 15th – July 19th
☐ Week 4: July 22nd – July 25th
☐ Week 5: July 29th – August 2nd
☐ Week 6: August 5th – August 8th

Special Requests:

☐ Early Drop-off (additional $50/week) Time: _____ AM
☐ Late Pick-up (additional $50/week) Time: _____ PM
☐ Overnight (additional $50/night) Night: _____
☐ Saturday Option (additional $75: Wk 1, 3 & 5 only 9am – 6pm)

Has your child attended Camp Olmsted before? ☐ Yes ☐ No

How did you hear about us? ☐ Friends ☐ Flyer ☐ School ☐ Mailing ☐ Online ☐ Work ☐ Other _____

Are you a member of the Methodist Church? (Optional) ☐ No ☐ Yes If yes, which one? _____

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 ASSSISTANCE INFORMATION – *if applicable*

AFDC # _____ IM CENTER_____

HEALTH INSURANCE DATA

Insurance Carrier _____ Group/Plan # _____

ID or Policy # _____ Medicaid # _____

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

Parent Comments

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

Any other allergies? _____

What other 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: 2018