

2021 Day Camp Registration Form

Dates: July 26 – July 30, 9 AM – 2:30 PM

"The Church with a Welcome for All!"

North Warren

PRESBYTERIAN CHURCH (USA)

**200 S. State Street
North Warren, PA 16365-4645
814-723-5060**

Thanks for registering your child in this exciting summer Day Camp!!

To Register: Please complete the information below, sign it and return it. Complete one form for each child. Please print in ink, note the Registration Deadline, and that only written and signed registrations will be accepted.

Return this registration form to:

**North Warren Presbyterian Church
200 S. State Street, N. Warren, PA 16365-4645
Phone 814-723-5060**

Registration Deadline: July 18, 2021

Child (please fill out one per child)

Name *first* _____ *mid.* _____ *last* _____ Gender: Female Male

Age _____ Birthdate *mm/dd/yyyy* _____ Grade _____ School _____
This Fall _____ Attending _____

Address *street* _____ *apt.* _____ City _____ State _____ Zip _____

It is not necessary for your child to attend a church in order to enroll in Day Camp. However, if s/he does, we'd appreciate knowing where.

Home Church _____
Denomination _____
Clergyperson _____ City _____ State _____

Parent/Guardian(s)

Mother

Name *title* _____ *first* _____ *last* _____ Does the child live with her? Yes No

Address *street* _____ *apt.* _____ City _____ State _____ Zip _____

Email Address *if any* _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Which is the best number to contact her during the Day Camp program? **check one** Home Cell Work

Father

Name *title* _____ *first* _____ *last* _____ Does the child live with him? Yes No

Address *street* _____ *apt.* _____ City _____ State _____ Zip _____

Email Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Which is the best number to contact him during the Day Camp program? **check one** Home Cell Work

Help Us Get To Know Your Child

Why do you or your child want to come to Day Camp? _____

What is your child most excited about doing at Day Camp? _____

Has your child ever attended a day camp before? Yes No Has your child ever attended a resident/overnight camp before? Yes No If yes to either type of camp, did s/he enjoy it? Yes No

Please tell us a little about your child's personality, likes and dislikes. _____

Health Information *This information helps to protect your child and remains confidential.*

Alternate Emergency Contact

Name *title* _____ *first* _____ *last* _____ Relationship to Child: _____
Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

In the unlikely event of an emergency during the Day Camp program, at which phone number should s/he first be contacted? *check one* Home Cell Work

Family Physician:

Name _____ Phone (_____) _____

Family Dentist:

Name _____ Phone (_____) _____

Medical/Hospital Insurance Carrier

or Plan name _____ ID No. _____

Medications. *We discourage bringing any over-the-counter or prescribed medications to Day Camp, although they are not prohibited or a condition of enrollment. Printed instructions MUST accompany all medications brought to Day Camp. Will your child bring any over-the-counter or prescribed medications to Day Camp?* No Yes → Please list these and indicate their purpose _____

Health History *All my child's immunizations are up to date.* *Initials* _____ *Otherwise, check all that apply and give approximate dates where appropriate.*

- Chronic Conditions*
- Frequent Ear Infections
 - Heart Defect/Disease
 - Convulsions
 - Diabetes
 - Bleeding/Clotting Disorders
 - Heart Condition
 - Mononucleosis
 - Asthma
 - Other: _____
 - Other: _____
 - Other: _____

- Mumps
- Hepatitis
- Other: _____

- Allergies*
- Hay Fever
 - Penicillin
 - Other Drug Allergies*
 - Ivy & Plant Poisoning
 - Insect Stings*
 - Pet Allergies*
 - Peanuts
 - Other Food Allergies*
 - Other Allergies*

* *Please specify* _____

- Immunizations / Vaccinations and Dates:*
- DTP _____
 - TD _____
 - Tetanus _____
 - Polio _____
 - MMR _____
 - Measles _____
 - Mumps _____
 - Rubella _____
 - Homophiles Influenza B _____
 - Hepatitis B _____
 - Varicella (chicken pox) _____
 - BCG _____

- Diseases*
- Chicken Pox
 - Measles
 - German Measles

List any recent or chronic physical or psychological health conditions, such as illness, injuries, surgeries or social/emotional dysfunctions: _____

Is the child currently under professional care or supervision for the above conditions? No Yes → Please briefly explain: _____

List any dietary restrictions: _____

Parent/Guardian's Authorizations & Permissions

By my signature below, I certify that I am the parent or legal guardian of the above-name child:

- Certify that the information provided above is correct.
- Grant my permission for the above-named child to attend and participate in the North Warren Presbyterian Church Day Camp, including any off-site activities.
- Grant permission to the North Warren Presbyterian Church to take visual and audio images (photographs, videos, etc.) of my child for use in their promotions.
- In the event I cannot be reached in an emergency, I give permission to the medical personnel selected by the Church Day Camp Coordinator to order x-rays, routine tests, treatment, and necessary related transportation for the above-named child. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Church Day Camp Coordinator to secure and administer treatment including hospital immunization for the above named child.

Signature of Parent or Legal Guardian _____ Date _____

Due to the active nature of our Day Camp, we request that you do not allow your child to come to camp wearing "flip flops." Full foot sandals are acceptable, but flip-flops are a hindrance to an active child.