2024 Day Camp

Registration Form

***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**

**Dates:** July 29–August 2, 9 am–2:30 pm



200 S. State Street

North Warren, PA 16365-4645

814-723-5060

**Registration Deadline:**  July 21, 2024

(Children must be 4 years-old by July 1st to participate)

Child (please fill out one per child)

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

Grade School

Age Birthdate *mm/dd/yyyy*  This Fall Attending

Address *street apt.* CityState 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** Does the child □Yes

Name *title first last* live with her? □No

Address *street apt.* CityState Zip

Email Address *if any*

Home Cell Work

Phone ( ) Phone ( ) Phone ( )

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

**Father** Does the child □Yes

Name *title first last* live with him? □No

Address *street apt.* CityState Zip

Email Address

Home Cell Work

Phone ( ) Phone ( ) 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 □Yes Has your child ever attended a □Yes If yes to either type of □Yes

a day camp before? □No resident/overnight camp before? □No camp, did s/he enjoy it? □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** Relationship

Name *title first last* to Child:

Home Cell Work

Phone ( ) Phone ( ) 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, c*heck *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:   *Diseases*   * Chicken Pox * Measles * German Measles | * 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 |

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 □No

care or supervision for the above conditions? □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.**