

## United Friends School Summer Camp Enrollment Form

A \$50 deposit per camp must be made at time of sign up to reserve your place. Balance in full is due two weeks prior to the first day of your camp. Camp hours are from 9am-3pm.

Checks should be made payable to United Friends School. Refunds will be issued only if cancellation is received in writing two weeks before the start of your camp. Camps tend to fill up quickly so please register as early as possible to reserve your place!

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camp(s) attending: \_\_\_\_\_

\_\_\_\_\_

**If paying by check:** (payable to United Friends School)

Amount Enclosed: \_\_\_\_\_

**If paying by Credit Card:**

Amount to charge to card: \_\_\_\_\_

Visa     Master Card    Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

### Emergency Information

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

\_\_\_\_\_

Family E-mail Address: \_\_\_\_\_

Parent Name \_\_\_\_\_ Live with    Y    N  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent Name \_\_\_\_\_ Lives with    Y    N  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**In the event of an emergency your child will be transported to the nearest hospital. All attempts will be made to contact the parent or legal guardian.**

Name & Relationship (in addition to parents)	Phone#
1 <sup>st</sup> Emergency Contact: _____	
2 <sup>nd</sup> Emergency Contact: _____	
Family Doctor's Name: _____	
Address: _____	Phone Number _____
Insurance Carrier & Subscriber's Number _____	
Phone# _____	

PLEASE INDICATE IF YOUR CHILD HAS: ASTHMA? INHALER? USE @ SCHOOL?

ENVIRONMENTAL/FOOD/NUT ALLERGIES? SEVERITY? EPI-PEN NEEDED?

TAKES DAILY MEDICATION @ HOME? MEDICATION TAKEN\_\_\_\_\_

Please (X) each medication that your child may take at school (medication allergy?\_\_\_\_\_)

**TYLENOL ( ) ADVIL ( ) ANTACID ( ) BENEDRYL ( )                      NO MEDICATION ( )**

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_