

CAMP JEFFERSON

(Completed Grade 4—8 in June 2018)

CAMPER'S NAME (Last)				(First)				(MI)		
ADDRESS (Street)						(City)				
BIRTHDATE / /		SCHOOL ATTENDED				GRADE COMPLETED IN JUNE 2018				
MOTHER'S/GUARDIAN'S NAME (Last)				(First)				(MI)		
ADDRESS (Street)						(City)				
HOME PHONE		DAYTIME PHONE		CELL		EMAIL				
*FATHER'S/GUARDIAN'S NAME (Last)				(First)				(MI)		
ADDRESS (Street)						(City)				
HOME PHONE		*DAYTIME PHONE		*CELL		*EMAIL				
IF PARENTS CANNOT BE REACHED NOTIFY (Last)				(First)						
CITY			PHONE			RELATIONSHIP				
ARE YOU INTERESTED IN SWIM LESSONS? (PRICE: \$50.00 PER SESSION)							YES	NO		
IF YES, WHICH SESSION?		SESSION I (July 2nd – July 13th)			SESSION II (July 16th – July 27th)					
WHAT SIZE T-SHIRT WOULD YOU LIKE? (Additional shirts may be purchased for \$10.00 each)				YOUTH MED	YOUTH LARGE	ADULT SM				
				ADULT MED	ADULT LARGE	ADULT XL				
TRANSPORTATION INFORMATION										
DOES YOUR CHILD NEED BUS TRANSPORTATION TO GET TO/FROM CAMP?								YES ___ NO ___		
IF YES, PLEASE LIST BUS STOP.										
PICKUP					DROPOFF					
CHOOSE FROM THE FOLLOWING SESSIONS										
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Week 1	(06/18-06/22)	\$115.00			Week 5	(07/16-07/20)	\$125.00			
Week 2	(06/25-06/29)	\$140.00			Week 6	(07/23-07/27)	\$120.00			
Week 3	(07/02-07/06)	\$110.00			Week 7	(07/30-08/03)	\$140.00			
Week 4	(07/09-07/13)	\$125.00			Week 8	(08/06-08/10)	\$110.00			
Please note any extra charges for weekly payments (in bold) are to help defray the cost of the field trip that week										
NO SLOTS HELD WITHOUT PAYMENT. PAYMENT SECURES RESERVATION. PLEASE NOTE: THIS IS A 2-SIDED FORM. PLEASE FILL IN THE REVERSE SIDE!										
PAYMENT INFORMATION										
Cash or checks only. Please make checks payable to "Whitehall Township." See "Guidelines for Parents" in your information packet for refund policies. By signing below, you are agreeing to all policies set forth by Whitehall Township and the Camp Whitehall Program. <i>If your child is removed from the program for disciplinary reasons, NO REFUNDS OR CREDITS will be issued for the remainder of the program.</i>										
SIGNATURE					DATE					
CAMP:		.00		SWIM LESSONS:		.00		TOTAL:		.00

PHYSICIAN/HOSPITAL INFORMATION

PREFERRED PHYSICIAN

PHONE

PREFERRED DENTIST

PHONE

PREFERRED HOSPITAL

ALLERGY/MEDICATION INFORMATION

ALLERGIES (FOOD and/or DRUG)

MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION

MEDICATIONS (NOTE: Additional forms are required if staff is requested to administer during camp hours.)

SPECIAL NEEDS

SPECIAL DISABILITIES AND/OR NEEDS OF CHILD (IF ANY)

PLEASE NOTE: If the registered child is unable to participate in the Camp's activities, the responsible parent or guardian will be so advised, and a meeting must immediately be scheduled with the Camp Director, Bureau Chief of Recreation, and the Deputy Mayor to discuss further participation in the Camp's activities.

INSURANCE INFORMATION

HEALTH INSURANCE COMPANY

POLICY HOLDER

GROUP #

ID#

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

OBTAINING EMERGENCY MEDICAL CARE/AMBULANCE

ADMINISTRATION OF MINOR FIRST-AID PROCEDURES

SWIMMING/WALKS/FIELD TRIPS

TRANSPORTATION BY THE FACILITY