



Day Camp Emergency Form



Youth DAY CAMPS * BEFORE/EXTENDED CAMPS * PRESCHOOL CAMP SUNSHINE

This form must be returned at the time of registration

Each Child Must Have a Separate Form Submitted

Child's Name: _____ Age: _____ Birth date: _____

Address: _____ City: _____

Mothers Name: _____ Home Phone: _____ Cell: _____

Mothers Employment: _____ Work Phone: _____

Fathers Name: _____ Home Phone: _____ Cell: _____

Fathers Employment: _____ Work Phone: _____

Child's Campsite (circle one)

Youth Camp Sites: Memorial: MWF or M-F Centennial: MWF or M-F Oak View: MWF or M-F TBD: MWF or M-F

Session(s): Circle one: Session 1 Session 2 Sessions 1 & 2

Is your child enrolled in Extended Camp? Yes _____ No _____

If Yes: Circle one: Session 1 Session 2 Sessions 1 & 2

Is your child enrolled in Before Camp? Yes _____ No _____

*Person's authorized to pick up your child or to be notified in case of an emergency (other than parents). Photo identification will be required at the pick up time. **Your child will only be allowed to leave camp with those persons listed below:***

<u>Name</u>	<u>Relationship</u> (To child)	<u>Address</u>	<u>Phone #</u>	<u>Cell #</u>
1. _____				
2. _____				
3. _____				
4. _____				

Please list any health/behavioral issues, allergies, habits, other considerations staff should be aware of:

* Please circle your child's T-Shirt size: Youth: 2/4 6/8 10/12 14/16 Adult: S M L XL

* May your child have his/her picture taken by the staff during the program? YES NO

* Will your child be walking or riding a bike to camp on a daily basis? YES NO

* May the staff re-apply sunscreen to your child if your child's asks for assistance? YES NO

Email Address: _____

(To receive Oak Lawn Park District program /Day Camp information and biweekly camp schedules only)

PARENT SIGNATURE: _____ **DATE:** _____

Please return this form with your registration.