

Summer Day Camp Camper Information

(Please fill out one for each camper attending SDC)

Name _____ Age _____

Expected Number of Days of Attendance Each Week _____

Most frequently checked email _____@_____.com

Allergy Information: Please list any known allergies (foods, latex, medicine) and what can be done if they have a reaction.

Any Additional Information We Need to Know About Your Child? (ADHD, Autism, Medication, etc)

We want your camper to have the best camp experience!

Summer Day Camp is a loud, organized chaos type of environment.

Summer Day Camp Campers **MUST** be capable of self-regulating emotions when frustrated, angry, annoyed or asked to do something they don't want to do.

We do not have additional staff available to facilitate safe spots or alternative environments for campers who are easily overwhelmed. If your child spends a significant amount of time in the safe spot or a buddy room in the school setting, or if they utilize a para, please speak with the SDC Director before enrolling.

Parent Contact:

Mom/Stepmom's name _____ Cell/work number _____

Dad/Stepdad's name _____ Cell/work number _____

Emergency Contact: This CAN NOT be a parent!

List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and must be within 30 minutes of our facility to take responsibility for your child in case you cannot be contacted.

Name _____ Relationship _____

Work Phone _____ Cell Phone _____