



Fort Frankfort Adventures
Summer Day Camp
Camper Information Sheet

CHILD'S NAME _____ GENDER _____

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ HOME PHONE (____) _____ GRADE IN FALL 2016 _____

MOM'S CELL # _____ DAD'S CELL # _____

E-MAIL ADDRESS: _____

FATHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

MOTHER'S NAME _____ OCCUPATION _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

Persons authorized to pick up your child (list parents' names & any car pools). Photo identification will be required. **Your child will not be allowed to leave the Day Camp with anyone not listed.**

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Persons to contact in case of emergency or illness. List people who are available to pick up your child, if necessary. Persons authorized to pick up your child are:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>PHONE #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

O V E R

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? _____

HAS YOUR CHILD PREVIOUSLY BEEN ENROLLED IN A DAY CAMP PROGRAM?

Yes _____ No _____ Where _____

Is Your Child a strong Swimmer? Yes _____ No _____

Do you prefer that your child wears a life jacket on pool days? Yes _____ No _____

May your child have his/her picture taken while at Day Camp? Yes _____ No _____

Are your child's immunizations current? Yes _____ No _____

If no, please explain. _____

IS THERE ANY SPECIAL CONSIDERATIONS OR NEEDS THAT MAY COME UP AT CAMP,
INCLUDING ALLERGIES AND MEDICATIONS TAKEN DURING CAMP?

All paperwork must be turned into our business office prior to starting camp!

***Founders Community Center
140 Oak Street
Frankfort, IL 60423
Phone: 815-469-9400
Fax: 815-469-9275***