



Teen 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***