



FRANKFORT
Park District
Teen Adventures
Summer Day Camp
Camper Information Sheet

CHILD'S NAME _____ **GENDER** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

BIRTHDATE _____ **HOME PHONE ()** _____ **GRADE IN FALL 2020** _____

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.	_____			

OVER

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***