

K-5TH GRADE .

REGISTRATION FORM – CHILD CARE



Please fill out one form for each child participating

Child's Name _____

Age: _____ Grade: _____ Date of Birth: _____

Emergency Contact Name #1 _____ Cell Number: _____

Emergency Contact Name #2 _____ Cell Number: _____

IF WE NEED TO GET A HOLD OF YOU...

PLEASE KEEP CELL PHONE ON AND AVAILABLE

1. We TEXT the cell phone listed
2. We CALL the cell phone on file.
3. We DISPLAY the LAST 4 Digits of your cell phone on file on the DISPLAY Box on the Front Left of the Stage in the Auditorium.

Cabin Address: _____ Who will be picking up the child? _____

Please List Any Other Family Or Friends Who Are Authorized To Pick Up Your Child

May we offer your child for a snack the following: Goldfish crackers? Yes No Graham Crackers for a snack? Yes No

May we offer your child fruit (i.e apples or oranges) for a snack? Yes No

Will your child bring their own snack to daycamp? No Yes ***We are a nut-free zone**

Any physical restrictions? (running, swimming, jumping etc)? No Yes (if yes, please explain)

Is Your Child On Any Special Medication? No Yes (if yes, please list and note for what condition or symptom)

WE DO NOT ADMINISTER MEDICATIONS TO CHILDREN

Does your child have any allergies or asthma? No Yes (if yes, please describe below)

Please share last incident and body's typical response _____

Does your child have an epi pen? No Yes Will they bring it with them to Day Camp? No Yes

Any relevant medical conditions or history (i.e. diabetes, ADHD, epilepsy, etc.)? No Yes (please explain below)

Is there anything else we should know? No Yes (if yes, please describe below)

I understand the following:

1. Do not bring your child if he/she is sick or has a fever, diarrhea or vomiting in the last 24 hours. Clearance forms may be obtained from the Nurse for allergies or other special situations.
2. We are a nut free zone. Please do not bring any food with nuts to day camp.
3. No child can be admitted by or released to anyone other than one of his/her parents without previous instructions to the Day Camp Lead.
4. Please have your emergency phone available so we can reach you in the event of an incident, injury or illness..
5. If you have any questions or concerns, please be sure to speak with a Daycamp Lead.
6. I give the Mount Hermon Association and its staff, representatives and delegates permission to seek out, to authorize and to provide emergency medical treatment in the event I cannot be reached at the number listed above.

Parent/ Legal Guardian Signature _____