



Camp Registration



Elementary School:

<input type="checkbox"/> Clearbrook	<input type="checkbox"/> Cave Spring	<input type="checkbox"/> Penn Forest	<input type="checkbox"/> Green valley	<input type="checkbox"/> Garden City
<input type="checkbox"/> Crystal Springs	<input type="checkbox"/> WE Cundiff	<input type="checkbox"/> Herman L Horn	<input type="checkbox"/>	<input type="checkbox"/>

Middles School:

<input type="checkbox"/> Cave spring Middle	<input type="checkbox"/> Hidden Valley Middle	<input type="checkbox"/> Byrd Middle	<input type="checkbox"/> Andrew Lewis Middle
<input type="checkbox"/> James Madison Middle	<input type="checkbox"/> Northside Middle	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT INFORMATION

Student Name: _____ DOB: _____
First Middle Last

Home Address: _____

City _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ Student Grade Level _____

CONTACT INFORMATION

Parent/ Guardian Name: _____

Home Phone: _____ Cell Phone: _____ Work _____

Emergency Contact: _____ Relationship to Student _____

Emergency Phone _____ Alternative Number: _____

MEDICAL INFORMATION

Does your child have a life-threatening health condition? (See Note below). YES NO

If yes, please Explain:

Does your child need medication at school? YES NO

If yes, please explain:

Does your child have any other medical issues of which we need to be aware? YES NO

If yes, please explain:

NOTE: Parent/Guardian are responsible for providing the required medication to designated program staff on the first day of the program. Medication currently held at camp must be picked up prior to the end of the final day of camp.