

# **PINEVIEW DAY CAMP ENROLLMENT FORM**

How did you hear about Pineview Day Camp? \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender: Male / Female

Camper's Address: \_\_\_\_\_

Mother's Name & Phone #: \_\_\_\_\_ Father's Name & Phone #: \_\_\_\_\_

**Name of other person to be called in case of emergency in the event that the parent cannot be reached:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does camper have any physical, emotional, or other handicaps or difficulties of which you are aware? (Asthma, seizures, etc) \_\_\_\_\_

Is camper taking any medications?: \_\_\_\_\_

Does your child have allergies?: (food, drug, insect, etc.) Yes / No Specify: \_\_\_\_\_  
\_\_\_\_\_

Pediatrician: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

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**Emergency Authorization:**

I authorize Pineview Day Camp, operated by the Pineview Community Church, to seek medical treatment for (name of camper) \_\_\_\_\_ in the event of an emergency where neither parent can be reached.

**Parent Signature:** \_\_\_\_\_

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**Photo Clearance:** Pineview Day Camp has permission does not have permission to take photographs of my child for internal and / or promotional use. \_\_\_\_\_ **(Parent Initials)**

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**Field Trips:** I give my child permission to participate in all field trips and be transported by Brown Transportation and to participate in all program activities during the summer day camp. \_\_\_\_\_ **(Parent Initials)**

**Health/Aggression Policies:** I have read and am in agreement with and will abide by Pineview Summer Camp's health and aggression policies. \_\_\_\_\_ **(Parent Initials)**

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By signing this form, I certify that the above information is correct and I accept financial responsibility for this account and agree to abide by the payment plan provided to me.

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_