



1958 N. Road Street
Elizabeth City, NC 27909

(252) 335-5812 office
(252) 334-9663 fax

SUMMER CAMP REGISTRATION

Student name: _____ **Date:** _____

Grade expected to enter in the fall (circle one):

Rising Kindergarten (min age=5 years) 1 2 3 4 5 6 (max age=12 years)

Student's Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____

State: _____ Zip: _____

Birth date: ___/___/___ Age: _____ Sex: M / F

Choose one: Father Stepfather Guardian

Name: _____

Living with child: Yes No

Home Address: _____

Deceased Divorced

Home Phone: _____

Employer: _____

Work Phone: _____

Occupation: _____

Cell Phone: _____

Email: _____

Choose one: Mother Stepmother Guardian

Name: _____

Living with child: Yes No

Home Address: _____

Deceased Divorced

Home Phone: _____

Employer: _____

Work Phone: _____

Occupation: _____

Cell Phone: _____

Email: _____

If the child is not living with both biological parents, please attach a copy of the legal document pertaining to custody.

Authorized Pick Up (Please specify any person, other than parent(s), that is authorized to pick up your child):

Name	Address	Relationship	Phone

EMERGENCY AND MEDICAL INFORMATION

Students Full Legal Name: _____ Date: _____

Date of Birth: _____

Does your child have any known allergies or other health conditions? Yes No

If yes, please describe:

Does your child have any physical handicaps or other conditions that might affect his or her school work, including physical education? Yes No

If yes, please describe:

Does your child have any evidence of hearing or vision difficulties? Yes No

If yes, please describe:

Does your child take any prescription medications? Yes No

If yes, please name the medications:

Will these be administered during school hours? Yes No

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Health Insurance Company: _____

Action Plan and Permission to Administer Medication form filled out? Yes No

Please note that if your child has medication they require to take during summer camp you will need to fill out the Permission to Administer Medication form. All medication has to be turned into staff to be locked up for health and safety reasons.

If your child needs to carry and/or leave an epi-pen or inhaler in the classroom an action plan will need to be filled out as well.

Parent/Guardian Signature: _____ Date: _____