

CHP-G Summer Camp Application

Child's Name: _____ Date: _____

Phone Numbers: _____

Address: _____

Preferred Payment:

\$235 Weekly Payment

\$940 Monthly Payment (4 weeks)

E-Mail Address: _____

Child's Date of Birth: _____ M or F _____

- Mother's Name: _____
- Cell # _____ Work # _____

- Father's Name: _____
- Cell # _____ Work # _____

- Other Contact: _____ Relationship _____
- Cell # _____ Work # _____

- Family Doctor Name and Phone: _____
- Family Hospital: _____
- Does your child have any conditions that will prevent Him/Her from participating in physical activity? _____
- If Yes, please explain: _____
- Is your child on any medication?

- If Yes, please list: _____
- Child's known allergies: _____
- Pick Up Information. I release my child to be picked up by the following:

(Parent/Guardian Signature)

(Date)