

# 2024 DAY CAMP FORM



Please complete one form for each child enrolled in the Day Camp program. Return this form to the front desk at Arrowhead Community Center at the time of registration.

**This form must be completed in order for your child to participate**

Circle what session your child will be attending:

Circle what days your child will be attending:

Session 1 (June 3-21)

Session 2 (June 24-July 12)\* No Camp July 4

Session 3 (July 15-Aug 2)

Monday-Friday

Monday-Wednesday-Friday

Tuesday-Thursday

## Child's Information:

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade for '24-'25: \_\_\_\_\_

## Parent/Guardian Information:

**Are both parents/guardians authorized to pick up child? YES/NO**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Emails will be our main form of communication, please make sure to put an email down to stay updated.**

## Authorized Pick Up List:

List those who are authorized to pick up your child. Children may only leave with those listed on this form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please See Reverse Side**

## About Your Child:

Please provide any information that you believe will make your child more comfortable at our program.

Please include any interests, activities, games, etc.

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Will our staff be required to administer medication to your child?

YES or NO

- If yes, a Permission to Dispense Form must be completed.

Does your child have any allergies?

YES or NO

- If yes, please explain.

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Has your child been diagnosed with autism, ADD/ADHD or any other medical condition? This information will help ensure a successful experience at camp for your child.

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Does your child require any special accommodations?

YES or NO

- If yes, please explain and attach any written documentation regarding the accommodation.

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The Behavior Contract and Parent Code of Conduct forms need to be filled out before your child's first day.

If you have any additional questions, please call the Program Supervisor, Paulina Tredennick

815-521-3111 or [ptredennick@channahonpark.org](mailto:ptredennick@channahonpark.org)