

Any other important information you may wish to share with our staff may be included at the end of this application. You may wish to share your child's nickname, special eating habits, thumb sucking patterns, speech, hearing, or eyesight problems, special needs, fears, likes and dislikes and any pertinent health information. No information is too small to share with us regarding helping your child adjust and feel comfortable in school.

SNACKS and LUNCH: Parents are asked to send a full lunch from home that includes a beverage and any utensils needed. Snacks will be provided for both morning and afternoon snack time.

ACTIVITIES: We want your child's camp experience to be a time to play and learn with their friends. We will have sandboxes to play in and water play day.

WHAT DO I NEED TO BRING? All children should have a change of clothes, sunscreen, lunch a bathing suit & water shoes for water play day. The 3-4 year olds will need a sleeping mat.

*******MOST IMPORTANT*******

Please list and explain **ALL** allergies to foods, medications, insect bites, bee stings, etc. Please add any procedures that are to be followed if your child becomes exposed to the allergic element. (For example: What would you like us to do if your child is allergic to bee stings and he/she is stung on the playground? Will you provide medication? Should we administer medication and/or call 911 immediately?)

Please inform us of the procedure you would like us to follow. Remember that any allergy medication that we need to administer **MUST** be accompanied by a note from your child's physician with instructions for use.

List the name and phone numbers of two persons we may reach in case of an emergency if neither parent can be reached:

Name: _____ Relationship to child _____

Home Phone #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to child _____

Home Phone #: _____ Work #: _____ Cell #: _____

Name, Address and Phone number of your child's current pediatrician:

Doctor: _____ Address: _____

Phone # _____ Fax # _____

Parent Signature _____ Date: _____