

# Camp Can-Do Registration Form

Camp Can Do is August 9-13! It is for rising 2<sup>nd</sup> through 6<sup>th</sup> graders.

Child's Name \_\_\_\_\_ Today's date \_\_\_\_\_  
Grade entering in fall \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_\_\_ F \_\_\_  
Parent First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Parent First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Grandparent Name (if enrolling child) \_\_\_\_\_  
Street Address \_\_\_\_\_ city \_\_\_\_\_  
Email \_\_\_\_\_ zip \_\_\_\_\_  
Phones: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_  
Parent (or Grandparent) email 2 \_\_\_\_\_

## Emergency Contact (other than parent)

Name \_\_\_\_\_ Phone: H \_\_\_\_\_ C \_\_\_\_\_  
Relationship to child \_\_\_\_\_

## Release information: If someone other than parent will pick up the child.

Name \_\_\_\_\_ Phone: H \_\_\_\_\_ C \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone: H \_\_\_\_\_ C \_\_\_\_\_  
Relationship to Child \_\_\_\_\_

## Important Health Information:

Allergies or Special Needs \_\_\_\_\_  
Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_  
Responsible Party \_\_\_\_\_ Relationship \_\_\_\_\_

Amount Paid (circle) \$110     Volunteers receive \$5 deduction/child for each day worked.  
Paid in Full \$ \_\_\_\_\_ Check # \_\_\_\_\_ Deduction amount \_\_\_\_\_

## Volunteer Information:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

I can work (circle) M T W Th F     Is your Safe Sanctuary up to date?    Yes    No