

APPLICATION



Child Information

Child Name :

Date Of Birth : Grade :
M M D D Y Y

School :

T-shirt size : youth size Adult size
S M L S M L XL

Which Summer Camp Weeks will your child be attending?

Check all sessions your child will attend - We want to assure sufficient coverage for our Campers.

<input type="checkbox"/> Week 1 (July 7 - July 11)	<input type="checkbox"/> Week 4 (July 28- August 1)
<input type="checkbox"/> Week 2 (July 1 - July 18)	<input type="checkbox"/> Week 5 (Aug 4 - Aug 8)
<input type="checkbox"/> Week 3 (July 21 - July 25)	<input type="checkbox"/> Week 6 (Aug 10 - Aug 15)

Parent/Guardian Information

Parent Name :

Address :

City, State, Zip :

Home Phone : Cell Phone :

E-Mail : Phone :

Perferred form of contact : ☐ Phone ☐ Text Message ☐ E-Mail

Emergency Contact

First Contact Name : <input type="text"/>	Relationship : <input type="text"/>
Home Phone : <input type="text"/>	Cell Phone : <input type="text"/>
Second Contact Name : <input type="text"/>	Relationship : <input type="text"/>
Home Phone : <input type="text"/>	Cell Phone : <input type="text"/>

Please submit this page at registration

More Information :

1805 Nostrand Avenue
 ((347) 594-5789 (Office)
www.reachingexcellence.org

R.E.A.L. SUMMER CAMP

CAMPER INFORMATION



Safety Information (Please list all known conditions so we can accommodate your camper's needs.)

Child Name :

Does your camper have any medical conditions, allergies, or special needs the staff should be aware of?

Does your camper have any behavioral or emotional issues the staff should be aware of?

Is your camper taking any medication to treat any conditions?

Campers Interest

LIST THINGS YOUR CAMPER WOULD BE INTERESTED IN DURING THE SUMMER

- | | | | |
|----|----------------------|----|----------------------|
| 1. | <input type="text"/> | 5. | <input type="text"/> |
| 2. | <input type="text"/> | 6. | <input type="text"/> |
| 3. | <input type="text"/> | 7. | <input type="text"/> |
| 4. | <input type="text"/> | 8. | <input type="text"/> |

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