

hairspray



## Camper's Information

### Rooted Tree Summer Camp Registration

These forms are required for your children to attend camp.

**Camper Name \***

**Child's Age \***

**NOTE** - Children need to have completed 4th grade this coming June before they are eligible to participate in Rooted Tree Summer Camp. If you need camp information for younger campers, please check out the Abington Club page on the site.

**School Camper Attends**

**Entering Grade in 2019/20 \***

**T-Shirt Size**

**Please provide any additional information that you think is important or may affect the camper's ability to fully participate in the camp program.**

## Parents' Information

Parent/Guardian 1

### Parent/Guardian 1 \*

First Name      Last Name

### Relationship to Child \*

### E-mail \*

example@example.com

### Cell Phone \*

### Home Phone \*

### Home Address \*

Street Address

City                      State / Province

Postal / Zip Code

### Parent's Work/School Phone

**Where would you like to be reached while your child is at camp? \***

Cell Phone

Work Phone

Home Phone

**Parent/Guardian 2**

**Parent/Guardian 2**

First Name

Last Name

**Relationship to Child**

**E-mail**

example@example.com

**Cell Phone**

**Home Phone**

**Home Address Same as Parent/Guardian 1?**

Yes

**Home Address**

Street Address

City

State / Province

Postal / Zip Code

## Parent's Work/School Phone

### Where would parent/guardian 2 like to be reached while your child is at camp?

Cell Phone

Work Phone

Home Phone

## Emergency Contacts/Authorized Pickup

Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the center/home, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. The first emergency contact must live no more than 1 hour away and be over the age of 18.

### Emergency Contact

Emergency Contact #1

#### Full Name \*

First Name

Last Name

#### Address \*

City

State / Province

#### Primary Phone Number \*

#### Secondary Phone Number \*

#### Relationship to Child \*

## Emergency Contact 2

### Full Name

First Name      Last Name

### Address

City                                  State / Province

### Primary Phone Number

### Secondary Phone Number

### Relationship to Child

## Medical / Health Information

### Name of Physician or Clinic/Hospital

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Phone Number

**Does your child have any food, medication or environmental allergies? \***

Yes

No

**Allergies? Check all that apply \***

Food

Medication

Environmental

**Please list and explain any allergies \***

0/150

**Does your child's allergy/allergies require child care staff to monitor child for symptoms, take action if a reaction occurs, or give emergency medication to your child? \***

Yes

No

**Does your child have a special health or medical condition? \***

Yes

No

**Please explain \***

0/150

**Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? \***

Yes

No

**Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? \***

Yes

No

**Please explain \***

0/150

**If yes, does this medication, food supplement, or medical food need to be administered at the day camp? \***

Yes

No

**Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? \***

Yes

No

**Please explain \***

0/150

**Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? \***

Yes

No

**List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included in the previous questions. \***

0/200

### **Additional Medication**

**Check all that apply**

Prescription medication

Nonprescription medication

Refrigeration required

Topical product or lotion

Topical product or lotion

Food supplement

Modified diet

**Name of medication \***

**Exact dosage \***



To be administered at the following times \*

## Payment and Statement of Understanding

### Payment Processing

We process online payments through PayPal. You don't have to have a PayPal account to make payment. You can pay with a credit or debit card. If you prefer to pay via check or money order, please submit payment to Rooted Tree Productions, Inc., 1657 The Fairway, Suite 192, Jenkintown PA, 19046. Please include your child's name in the memo portion of the check. Payment MUST be received BEFORE July 1st, 2019.

**Rooted Tree Productions, Inc. has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. \***

Type first and last name above to consent

**Date Signed \***



Month   Day   Year