ELMHURST PARK DISTRICT COURTS PLUS CAMPER INFORMATION FORM-2020
Please attach a recent picture of your child to this form

CAMP NAME: \_\_\_\_\_

Plea	ase	attac	n a	recent	picture	of your	child to	this form.
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Camper's Name:	Camper's Address:	City:				
Camper's Birthdate://	Camper's Home Phone:	Session(s) Attending:				
Grade Entering 2020:	School:					
•Parent's Name:	Home Phone:	Cell Phone:				
Work Phone:	Address:	City:				
•Parent's Name:	Home Phone:	Cell Phone:				
Work Phone:	Address:	_ City:				
Will child attend before care?	] yes □ no Will child attend a	after care? 🗌 yes 🔲 no				
Child's T-shirt size: Child S (6-	8) 🗌 Child M (10-12) 🗌 Child L (14-1	6) 🗆 Adult S 🗆 Adult M 🗆				
Camper Transportation – check	all that apply $\square$ Walk to/from camp	□ Ride bike to/from camp □ Car transportation				
	<b>Authorized to Pick Up Child</b> (other tha hese persons with a valid photo ID	an parents)				
Name:		Phone:				
Name:	Relationship:	Phone:				
Name:	Relationship:	Phone:				
Medical Information	Phone:					
Does your crine have any allergi						
	•	lain. Include any accommodation needed for the enjoyment				
Does your child have any disc	abilities/special needs? Yes 🗆 No 🗆	] Please explain.				
Does your child take any medication? Yes  No  Please list:						
placement: My child must stay in the sh My child is allowed to go o My child is allowed to swin		hat is above his/her head				
Is there any other information y enrolled in summer camp?	vou would like camp staff to know in ord	der to provide quality care for your child while they are				