



LINWOOD CAMP

A Before and After School Child Care Initiative

Linwood Camp provides quality care for your child. For the safety of all children, no child may attend Camp or Camp Plus Activities without this form on file.

ENROLLMENT FORM 2017-2018

Child's Name _____ Teacher _____

Address _____ 2017-2018 Grade _____ Cell Phone _____

Home Phone _____ Primary Email _____

(1) Parent/Guardian's Name _____ Relationship _____

Phone _____

(2) Parent/Guardian's Name _____ Relationship _____

Phone _____

(3) Parent/Guardian's Name _____ Relationship _____

Phone _____

** Linwood Camp does not have access to school medical files. A nurse is not available during Camp hours. Each child requires an individual form.

Medical History—Please respond to all that apply. Use extra space for any specifics not addressed.

Asthma—triggered by _____

Seizure—history _____

Diabetes _____

Medication Allergy to _____

Food—Allergic to _____

Other _____

Emergency Contact: (Students will only be released to those listed)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____