



**LINWOOD CAMP**  
*Seaview & Belhaven Schools*  
*Before and After School Learn & Play Opportunities*  
 609-926-6700  
 Susan S. Speirs, Program Coordinator  
 Linda Arch, Seaview Director

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 2018-2019

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ 2018-2019 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 \_\_\_\_\_