



Enfield Community Council Summer Day Camp Application
July 6, 2020–August 14, 2020

Child's Name: _____ **Birth Date** _____ **Grade completed** _____

Parent/Guardian Name: _____

Address: _____

___ **Enfield Resident:** ___ **Non-Resident:** ___ **Ethnicity:** ___ **Hispanic** ___ **Non-Hispanic**

Race: ___ **Black/African American** ___ **American Indian** ___ **Native Hawaiian/Pacific Islander** ___ **Asian** ___ **White**
 ___ **Prefer Not to State**

Home #: _____ **Work #:** _____ **Cell #:** _____

Email **OPTIONAL**(FYI on camp and future programs thru ECC): _____

Emergency Contacts:

Name:	Relationship:	Home #:	Work #:
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Persons authorized to pick up child, in addition to parents/guardian:

1. _____ 2. _____

Persons NOT authorized to pick up child:

1. _____ 2. _____

MEDICAL INFORMATION:

Even if your child was a camper in the past an updated immunization record is required each year from the physician for the following: DPT Tetanus Polio Measles Varicella (chicken pox) Mumps Rubella Haemophilus Influenza type B Hepatitis b

Allergies: _____

Medical conditions/Restrictions, or special needs: _____

Please answer the following	YES	NO
My child has permission to fully participate in the Enfield Community Council Summer Day Camp		
My child has permission to go on field trips using bus transportation		
My child has permission to swim on site and on field trips at State parks or lakes		
I give permission for the trip leader and/or other emergency care personnel to administer first aid or medical treatment in the event of an emergency involving my child		
I give permission for my child's photo to be taken during activities for documentation and/or publicity purposes		
I give permission for my child to carry and use sunscreen and allow camp staff to assist when asked by my child and/or my child is unable to do so him/herself		
<i>I understand that the Enfield Community Council is not responsible for any accidents or injuries unless there is negligence on their part.</i>		
My child will be using before camp care (extra fee) *		
My child will be using after camp care (extra fee) *		

Please list any weeks your child will **NOT** be attending camp: _____

Parent/Guardian Signature: _____ Date: _____

