

Enfield Community Council Summer Day Camp Application July 6, 2021–August 13, 2021

Child's Name:			BirthDate:	Grade
Completed:				
Parent/Guardian Name	e(s):			
Address:				
Enfield Resident:	Non-Resident:			
Ethnicity: Hispani	c Non-Hispanic			
Race:Black/African	AmericanAmerica	n IndianNative Haw	raiian/Pacific IslanderAs	sianWhitePrefer Not to State
Home #:	Work #:	Cell #:		
Email OPTIONAL (FYI	on camp and future p	rograms thru ECC):		
Emergency Contacts: Name:	Relationship:	<u>Home #</u> :	Work #:	
1				
2			Persons autl	norized to pick up
child,in addition to pare	nts/guardian:			
1	2			
Persons NOT authorized	l to pick up child:			
1	2.			
MEDICAL INFORMAT	TION:			
Mandatory updated immu Influenza type B Hepatitis	nization record is need s b	ed: DPT Tetanus Polio M	Ieasles Varicella (chicken pox	a) Mumps Rubella Haemophilus
Allergies:				
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Medical conditions/Rest	rictions, or special neo	eds:		

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 understand that the Enfield Community Council is not responsible for any accidents or injuries unless there is negligence on their part.	

*Please list any friends your child hopes to be in a group with; we will do our best to honor that since COVID guidelines have us in consistent staff:camper pods all summer

Daniel Original Competence	Data
Parent/Guardian Signature:	Date:

