

**Enfield Community Council Summer Day Camp Application**  
**July 5, 2022–August 12, 2022**

**Child's Name:** \_\_\_\_\_ **BirthDate:** \_\_\_\_\_

**Grade Completed:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**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:**

Mandatory updated immunization record is needed: 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		
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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>		

\*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

\_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

