

Day Camp

SIBLINGS AT CAMP:

CHILD'S DESCRIPTION:

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

ALLERGIES: (Medication)

Allergies: (Food)

ALLERGIES: (Other i.e. hay fever, asthma, insect bites)

DISABILITIES/HANDICAPS:
(if applicable)

Day Camp

SIBLINGS AT CAMP:

CHILD'S DESCRIPTION:

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

ALLERGIES: (Medication)

Allergies: (Food)

ALLERGIES: (Other i.e. hay fever, asthma, insect bites)

DISABILITIES/HANDICAPS:
(if applicable)
