

Camp Love's Embrace Camper Application Form

Child's Name (and nickname if applicable): _____

Current School Grade: _____ Age: _____ Birthdate: ____/____/____

Sex: ___Female ___Male Race: _____

School Attended: _____

Parent/Legal Guardian: _____

Relationship: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: () _____ - _____

Email Address: _____ Cell Phone: () _____ - _____

Emergency Contact: _____

Relationship: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: () _____ - _____

Cell Phone: () _____ - _____

Name of child's physician: _____

Address: _____ Phone: () _____ - _____

Name of child's dentist: _____

Address: _____ Phone: () _____ - _____

Child's Health Care Carrier: _____

Effective Date: _____ Plan #: _____ Group #: _____

Food Allergies: _____

Drug Allergies: _____

Other significant allergies: _____

Please list you child's religious affiliation (if any): _____

Has your child ever spent the night away from home? ___yes ___no

Does your child have any sleep problems? (i.e. sleepwalking, bedwetting, nightmares, etc)_____

Please list any additional information (problems with eating, physical limitations, etc)._____

Child's T-Shirt Size:

Children: ___S (6-8) ___M (10-12) ___L (14-16)

Adult: ___S ___M ___L ___XL

Please list any sports/interests/hobbies that your child has: _____

PLEASE ENCLOSE A PHOTO OF YOUR CHILD