

**Atco Christian Preschool**  
 2128 Atco Ave PO Box 336  
 Atco NJ 08004  
[www.atcochristianpreschool.com](http://www.atcochristianpreschool.com)

**2016 SUMMER CAMP REGISTRATION**

Child's Full Name \_\_\_\_\_ Sex M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Ph \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Ph \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_  
 Are your child's immunization shots up to date? \_\_\_\_\_

A completed Health History is required as part of the registration packet. (See back page)

**EMERGENCY INFORMATION**

In the event that parents can't be reached, please provide alternate contacts that can be reached during camp hours.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE INDICATE WHICH WEEK(S) OF CAMP YOU ARE SELECTING**

JULY			AUGUST				
July 18-22	----->	8:30 - 11:30		August 1-5	----->	8:30 - 11:30	
July 25-29	----->	8:30 - 11:30					

Cost of camp is \$105 per week. The deposit for each week is due by 6-1-16 with the balance paid the first day of each week of camp.

To secure your child's place at camp, a \$50 non-refundable deposit is required for EACH week selected.  
 Please make checks payable to Atco Christian Preschool.

**Please complete & sign back ----->**

## HEALTH HISTORY

**ALLERGIES:** Please list ALL known allergies for this camper, including food, drug, and environmental allergies.

Has your child ever had any Anaphylaxis reaction to any of the above? YES NO      Does your child have a prescribed EPI Pen? YES NO

Has your child ever been stung by a bee? YES NO      IF Yes, what reaction was observed? \_\_\_\_\_

**MEDICATION:** Please list ALL medications, prescribed or OTC, currently being taken by this camper.

Please inform us of anything you feel we should be aware of concerning your child's health or development:

This health history is correct and accurately reflects the health status of the individual to whom it pertains. The person described has permission to participate in all camp activities except as noted above and/or by an examining licensed medical professional. If I cannot be reached in an emergency, I give my permission to the licensed medical professional to secure proper treatment for the individual. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Please indicate the names of those adults who are authorized to pick-up your child at the end of the camp day. Only authorized adults will be permitted to pick-up your child unless arrangements have been made in advance.

Please let us know how your heard about our program:

Sign              Website              Attended Preschool              At Vacation Bible School              Member of Atco UMC or Tansboro UMC

Friend / Family: \_\_\_\_\_              Event: \_\_\_\_\_

Newspaper: \_\_\_\_\_              Your Church: \_\_\_\_\_

Other: \_\_\_\_\_