



Camp Discovery

2018 REGISTRATION FORM

Afterschoolandcampdiscovery@gmail.com • 336-341-7723



Student's Last Name: _____ **First:** _____ **MI:** _____

Address: _____
(Street Number & Name) (City) (Zip Code)

Birthdate: _____ **Age:** _____ **Gender:** _____ **What Grade as of Fall 2018** _____

School: _____ **Teacher:** _____

1. Parent or Guardian's Name: _____

Address: _____
(Street Number & Name) (City) (Zip Code)

Home Phone: _____ **Cell Phone #:** _____ **Email:** _____

Place of Employment: _____ **Work Phone:** _____

2. Parent or Guardian's Name: _____

Address: _____
(Street Number & Name) (City) (Zip Code)

Home Phone: _____ **Cell Phone #:** _____ **Email:** _____

Place of Employment: _____ **Work Phone:** _____

Information about your child (illnesses, allergies or special needs):

(a) _____ (b) _____

Emergency Care Information:

Child's Doctor's name: _____ **Phone:** _____

Address: _____ **Hospital Preference:** _____

Emergency Contact Name _____ **Relationship:** _____ **Phone:** _____

I agree that the UMM Afterschool Director may authorize the physician of her/his choices to provide emergency care in the event that neither I nor a family physician can be contacted immediately.

List persons (age 16 or older) who have permission to pick up your child from the camp:

(a) _____ (b) _____ (c) _____

Parent's Signature: _____ **Date** _____