

Camper Enrollment Form (title)

**Summer Camp Reading
Student Enrollment Information**

- **Name:** _____
Home Phone _____
Address _____ **City** _____
State _____ **Zip Code** _____

- **Does your child receive any special services: (Please Check all that apply)**
Special Education/Learning Disability ____
Areas of Disability _____
Speech _____
Other _____
Explain _____
School Last Attended: _____ **Grade** _____

- **Person/s With whom Child Resides:**

Employer: _____
Work Number: _____
Relationship to child: _____

- **It is very important for camp personnel to contact you in case of an Emergency. Please contact us immediately if there is any change in contact information.**

- **Emergency Information: (person other than yourself to contact if your child is ill or if there is any other emergency and we are not able to contact you.)**

- **Name** _____

Phone _____

Work Phone _____

Relationship to child. _____

- **Name** _____

Phone _____

Work Phone _____

Relationship to child _____