

**TOWN OF CORNWALL RECREATION DEPARTMENT
KINDERKAMP REGISTRATION FORM 2022**

SESSION #1 (7/5 - 7/22): _____

SESSION #2 (7/25 - 8/12): _____

CHILD'S NAME: _____ DATE OF BIRTH: _____ AGE: _____
FIRST MI LAST

ADDRESS: _____
STREET TOWN ZIP

TELEPHONE #: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

ANY DISTINGUISHING MARKS/CHARACTERISTICS: _____

PARENT/GUARDIAN NAME: _____ #: _____
DAYTIME TELEPHONE

E-MAIL ADDRESS _____

PARENT/GUARDIAN WILL BE CALLED FIRST IN AN EMERGENCY. IF YOU CANNOT BE REACHED
PLEASE NAME ANOTHER PERSON TO CONTACT:

NAME: _____ RELATION TO CHILD: _____

DAYTIME TELEPHONE # _____

CHILD'S MEDICAL HISTORY: _____ PLEASE CHECK ONE OF THE FOLLOWING:

_____ MY CHILD HAS NO KNOWN MEDICAL CONDITIONS THAT THE CAMP DIRECTOR AND CAMP
MEDICAL STAFF SHOULD BE ADVISED OF.

_____ MY CHILD HAS ONE OR MORE MEDICAL CONDITIONS THAT THE CAMP STAFF SHOULD BE
ADVISED OF. *****PLEASE FILL OUT THE NEXT SECTION*****

MY CHILD HAS THE FOLLOWING ALLERGIES: _____

MEDICAL CONDITIONS (EX. ASTHMA): _____

ANY SURGERIES/PROCEDURES STILL REQUIRING MEDICAL SUPERVISION:

IF YOU ARE ADVISING THE CAMP STAFF OF ANY MEDICAL INFORMATION PLEASE PROVIDE THE
FOLLOWING INFORMATION:

DOCTOR'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

***** PLEASE NOTE THAT MEDICATIONS CANNOT TO BE ADMINISTERED BY CAMP STAFF *****

DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

CAMP T-SHIRT SIZES:

CIRCLE ONE

CHILD SIZES:

SMALL

MEDIUM

LARGE