

Camp Accolade

Registration

Camper Information

Name:

_____ **Gender:** _____

Preferred Name/Nickname:

Birthdate:

_____/_____/_____

Current School:

Please describe your child, (personality, likes/dislikes, place in family, etc.):

Parent/Guardian Information

Household #1

Household #2

Parent/Guardian Name	Parent/Guardian Name
Relationship to Camper	Relationship to Camper
Address	Address
Home Phone	Home Phone
Work Phone: _____ Cell Phone: _____	Work Phone: _____ Cell Phone: _____
E-mail	E-mail
Emergency Contact (Other than Parent/Guardian): Name: _____ Phone Number: _____	Emergency Contact (Other than Parent/Guardian): Name: _____ Phone Number: _____
Emergency Contact's Relation to Camper	Emergency Contact's Relation to Camper

Additional Camper Information

Known Allergies:

Medical Concerns:

Current Medications:

History of Summer Camp Experience, (please include a brief assessment of each):

Strengths

Presenting Concerns

Please describe, or explain briefly.

Attention Issues:

Social Issues:

Compliance Issues:

Self-Regulation Issues:

Is there anything else you would like the staff at Camp Accolade to know?