



Summer Camp Registration 2018

Child Name: _____ Age: _____

Week(s) Attending (Please Circle):

June 18 - June 22

July 16 – July 20

We provide snacks and drinks each day from the following list:

Oreos, Goldfish, Rice Krispy Treats, Animal Crackers, Pretzels, Popsicles, Juice Boxes, Hugs Fruit Barrels

Please Initial One Option:

___ My child is allowed to eat all of these snacks.

___ My child is NOT ALLOWED to eat the following:

___ My child is NOT ALLOWED to eat any of these snacks. (You must provide your own snack and drink each day.)

Food Allergies: _____

Please describe any medical concerns that may be an issue during camp. Also, please list any medications, epipens, or inhalers that will need to be left with the office staff.

Is your child attending camp with a friend? (If they would like to be in the same group please list each other here.) _____

Emergency Contact (Please list both yourself and a second person that is available during camp hours):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

All campers must have a current EGTC Registration for the 2017-2018 year on file. If your information has changed since you initially registered please inform the office.

Parent Signature: _____ Date: _____