

# Strengthening Families Family Camp Enrollment Form

Submit by Friday, May 4<sup>th</sup> to Beth Beasley email [beasleyb@currych.org](mailto:beasleyb@currych.org) or drop off at  
615 5<sup>th</sup> St. Brookings

Application Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) attending Family Camp: \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at Family Camp: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns: \_\_\_\_\_

I authorize that all above information is correct to my knowledge and give permission for my child to be enrolled in the Strengthening Families Family Camp program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Family Camp Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

