

Strengthening Families Family Camp Enrollment Form

Submit by Friday, Sept 7th to Beth Beasley email beasleyb@currych.org or drop off at
615 5th 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: _____

