CITY OF EVANSTON 2015 SUMMER CAMP INFORMATION FORM

Please fill out one emergency form per camper.

✓ Check ALL camps that your child will be attending (we will make one copy for each camp).

Information about where to return this form is located on the other side.

Camp(s) attending:

GENERAL DAY CAMPS
- Summer Playground Plus
- Camp 101
- Robert Crown Camp: Fun Factory
- Kid City Tween Machine

GENERAL SPORTS CAMPS
- Sports Camp or Sports Mini-Camp
- Pee Wee Sports A.M. at Leahy Park
- Pee Wee Sports P.M. at Bent Park
- Pee Wee Sports A.M. at Baker Park
- Pee Wee Sports P.M. at Baker Park

GENERAL PRESCHOOL CAMPS
- Camp Kaleidoscope A.M. at Bent Park
- Camp Kaleidoscope P.M. at Leahy Park
- Summertime Creative Play
- Summertime Creative Play for Twos
- Sandals, Sunshine, and Swings

COUNSELOR/LEADER IN TRAINING
- Chandler-Newberger
- Aquatic
- Fleetwood-Jourdain

ARTS CAMPS and MINI-CAMPS
- Full-day Arts Camp
- Young Artist Program
- Renaissance Mini-Camp
- Early Childhood
- Media
- Architecture
- Peace Camp
- Adventure through Creation - Chandler-Newberger
- Young People’s Theatre Project - Fleetwood-Jourdain

AQUATIC CAMPS and MINI-CAMP
- Youth Camp
- Teen Camp
- Adult Aquatic Adventures

ECOLOGY CENTER CAMPS
- Wildflower
- EcoQuest
- EcoTravelers
- EcoExplorer
- Summer Summit

SINGLE-SPORT CAMPS
- Basketball at Robert Crown Center
- Basketball at Chandler-Newberger Center
- Fencing
- Flag Football
- Hockey
- Tennis

MISCELLANEOUS CAMPS
- Chess Wizards
- LEGOMania
- Ultimate Adventure

FOR THOSE WITH SPECIAL NEEDS
- Park Camp
- Camp R.E.A.L.
- S.N.A.P.

It would be very helpful if you could include the camp section number(s):

________________________________________________________________________

________________________________________________________________________

Child’s Name: ___________________________________________ Age: _____ Sex: ☐ Male ☐ Female

Address: _________________________________________________ City: __________________ ZIP: __________

Home Phone: ___________________________ Cell Phone: ___________________________

Child’s Birthdate: / / School attending in fall: ___________ Grade in fall: _____________

Parent/Guardian: ___________________________ Phone#: _________________________ Cell phone#: _________________________

Parent/Guardian: ___________________________ Phone#: _________________________ Cell phone#: _________________________

E-mail address: _____________________________________________ Please print!

Emergency Contact: ______________________________________ Relationship to child: ______________________________________

Phone#: ___________________________ Cell phone#: ___________________________

Please fill out the other side of this form.
Transportation Arrangement (fill out all areas that apply)

My child has permission to leave camp with the following people:

1. Name: __________________________________________ Relationship to child: ______________________________________

2. Name: __________________________________________ Relationship to child: ______________________________________

My child has permission to bicycle/walk to and from camp alone  ❑ Yes  ❑ No

MEDICAL

Medication

❑ My child does not take any medication on a routine basis.

❑ My child will need to take medication while at camp (if checked, you must request a Medication Authorization form from your camp) AND list all medications your child is currently taking below.

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

Does your child have any illnesses or injuries that may affect him/her at camp? If so, please explain below:

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

Allergies

❑ Yes  ❑ No  If you checked yes, you must request an Allergy Action form from your camp AND list information below.

Allergy: _____________________ Symptoms/management _____________________

Allergy: _____________________ Symptoms/management _____________________

Allergy: _____________________ Symptoms/management _____________________

Dietary restrictions

❑ Yes  ❑ No  If this box is checked, we will make every attempt to work within your child’s specific dietary restrictions

My child has the following dietary restrictions:

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

Other helpful information

Please describe any other information which may be helpful to staff (i.e., special needs, fears, behaviors, etc.). If there is any additional information about your child that you would like to communicate, please attach written information to this form. Please submit this form and any other medication/allergy action forms well in advance of the start of camp so we can make our staff aware of your child’s special circumstances.

___________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________

Prior to the first day of camp, you will need to submit an information form directly to the community center for every camp in which your child is enrolled. If your child’s camp will be held in a park or school, please call 3-1-1 (847-448-4311) to be told where to submit it.