



Camp Philadelphia Youth Development Programs

Camp Philadelphia Enrollment Application

Parent or Guardian Information:

Name _____

Address _____

Telephone # _____ Alternate # _____

Campers Information: (Additional children may be entered on separate sheet)

1. Full Name _____ Social Security #: _____

Birth date: _____ School: _____ Current Grade Assignment: _____

2. Full Name _____ Social Security #: _____

Birth date: _____ School: _____ Current Grade Assignment: _____

3. Full Name _____ Social Security #: _____

Birth date: _____ School: _____ Current Grade Assignment: _____

Emergency Contact::

Parent or Custodial Guardian

Name: _____ Relationship: _____

Work or Home Address: _____ City: _____

Telephone: _____ Alternate #: _____ Pager #: _____

Alternate Contact

Name: _____ Relationship: _____

Work or Home Address: _____ City: _____

Telephone: _____ Alternate #: _____ Pager #: _____



Camp Philadelphia Youth Development Programs

Emergency Medical Authorization

I, _____, parent/guardian of _____, do hereby give permission and/or consent to the staff of Camp Philadelphia, to secure and authorize such emergency medical care and/or treatment as the above-named child might require while under the supervision of said child care provider. I further authorize said child care provider to administer emergency care/treatment as needed, until medical assistance is available. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Note: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name _____ Phone _____

Preferred Hospital _____ Phone _____

Hospital Address _____

Health Insurance Plan _____ Policy # _____

Signed _____

Date _____

List Other Children Here:

_____	_____
_____	_____
_____	_____



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(should be completed on each child)

Child's Name _____ Birth Date _____ Age _____

Circle illnesses child has had:

Measles German Measles Strep Throat Scarlet Fever Mumps
Chicken Pox Rheumatic Fever

Known allergies (food or medication) _____

Food likes _____

Food dislikes _____

Immunizations: Date of completed primary or latest booster: _____

Mumps _____ Tetanus _____ Polio _____ Rubella _____

HIB _____ Diphtheria _____ Pertussis _____ Measles _____

Hepatitis B _____

FIELD TRIP PERMISSION FORM



Camp Philadelphia Youth Development Programs

I, _____ give you my permission for Camp Philadelphia staff to transport my child(ren) on any field trips planned by the staff of Camp Philadelphia.

Child(ren)'s Name

_____	_____
_____	_____
_____	_____

Signature of Parent _____ Date _____

PHOTOGRAPHIC RELEASE FORM

I authorize Camp Philadelphia staff to photograph my child(ren). I understand that these photographs may be used for public display or advertising purposes.

Parent/Guardian Signature _____ Date _____