

Room # _____

Montclair YMCA

New Discoveries Summer Camp Enrollment Form

1. Child Information:

Name _____

Birth Date _____

Address _____

Home Phone # _____

2. Parent/Guardian Information:

Parent's Name _____

Parent's Name _____

Employer's Name _____

Employer's Name _____

Business Address _____

Business Address _____

Business Phone# _____

Business Phone # _____

Cell Phone # _____

Cell Phone # _____

3. Emergency Numbers (Other Than Parent/Guardian):

Name _____

Name _____

Address _____

Address _____

Phone # _____ Relation _____

Phone # _____ Relation _____

4. Authorization to Pick Up Child:

Name _____

Name _____

Relation _____

Relation _____

Phone # _____

Phone # _____

Name _____

Name _____

Relation _____

Relation _____

Phone # _____

Phone # _____

Parent's Signature

Date

New Discoveries Health Form

HEALTH HISTORY - (Please check all those that apply).

- Cardiac
- Diabetes
- Convulsions
- Chronic Ear Infections
- Behavior
- Asthma
- Other _____

Allergic Reactions:

- Insect Stings
- Plants
- Foods
- Medications
- Other _____

Please describe all checked items: _____

Any major injuries or operations? Yes No

If Yes Explain? _____

Please give dates of immunization:

Vaccine Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DPT.....	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus.....	_____	_____	_____	_____	_____	_____
Polio.....	_____	_____	_____	_____	_____	_____
MMR.....	_____	_____	_____	_____	_____	_____
Measles or.....	_____	_____	_____	_____	_____	_____
Mumps or.....	_____	_____	_____	_____	_____	_____
Rubella.....	_____	_____	_____	_____	_____	_____
Haemophilus Influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B.....	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____
Meningitis.....	_____	_____	_____	_____	_____	_____
TB Mantoux Test Results	___ Positive	___ Negative	Date of last test _____			

***A photocopy of your child's immunizations from their Doctor's office is also acceptable.**

Parent's Authorizations

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by myself or my physician.

In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure treatment for and to order injection, anesthesia or surgery for my child.

Signature: _____

Date: _____

**Montclair YMCA
New Discoveries Summer Camp
Suntan Lotion Application Permission Slip**

Child's Full Name: _____

I _____, hereby give permission for the Montclair YMCA Day Camp Staff to apply or reapply as necessary suntan lotion or sun block, that I provide for my child.

Parent/Guardian Signature _____
Date

**Montclair YMCA
New Discoveries Summer Camp
Walking/Bus Permission Slip**

Child's Full Name: _____

I _____, hereby give permission to my son/daughter to walk or ride the YMCA bus to and from the Montclair Community Pre-K for swimming and field trips.

Parent/Guardian Signature _____
Date

**Montclair YMCA
New Discoveries Summer Camp
Photo Permission Slip**

I hereby authorize the Montclair YMCA to use photographs of my son/daughter,
_____, for publicity and public relations purposes only.

Parent/Guardian Signature _____
Date