

**COUNSELOR CARD**

**Child's First & Last Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Camp** \_\_\_\_\_

**Who should we contact first?** MOM DAD OTHER \_\_\_\_\_

**Mom's Name & Work Phone** \_\_\_\_\_

**Dad's Name & Work Phone** \_\_\_\_\_

**EMERGENCY CONTACTS:** PHONE:

**MEDICAL & ACTIVITY RESTRICTIONS:**

**OTHERS AUTHORIZED TO TAKE CHILD HOME:**

**ENROLLED IN:** \_\_\_ Before Care \_\_\_ After Care \_\_\_ Camp Swim

Children are placed into groups by age. List ONE friend in the same age group and camp days you wish to be placed with (We will do our best to honor this request, but it is not guaranteed)

**ROTATION FREINDSHIP REQUEST** \_\_\_\_\_