

2019 Camp Firefly Camper Registration

Sept. 7 • Warriors' Path State Park

Camper information

First name: _____ Last name: _____

Date of birth: _____ Male Female

Current school grade: _____ School name: _____

Please note any physical, mental health or intellectual issues that should be brought to the attention of camp counselors, including diagnosis such as ADHD, autism, anxiety disorder or depression.

Please list any medications the child is currently taking.

Does the camper have any food or medication allergies? If so, please list those below.

Is the camper receiving professional support? Yes No

If yes, from: school counselor social worker psychologist pastoral counselor family therapist

Parent/guardian information

First name: _____ Last name: _____

Relationship to camper: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Home telephone number: _____ Mobile number: _____

Email address: _____

Emergency contact information

First name: _____ Last name: _____

Relationship to camper: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Home telephone number: _____ Mobile number: _____

Other authorized person to pick the child up from camp, if any.

Name: _____ Contact number: _____

Bereavement information

Name of the deceased: _____

Relationship to the deceased: _____

Age of the deceased: _____ Date of death: _____

Age of the child when the death occurred: _____

Where did the death occur: _____

Did the child attend the funeral or memorial service? Yes No

What was the child's reaction to the death?

How was the loss explained to the child?

Have there been other recent deaths experienced by the child? (If yes, who and when?)

Have there been any other changes in the child's life (examples: divorce, remarriage, relocation, illness, etc.)?

Your name/signature: _____

Date/time: _____

