

## **Day Camp Registration Form**

Child's Name	Age	Shirt Sz	Birth Date	Grade	<b>School Attending</b>			
Primary Parent Info								
Name	Address, City, State, Zip							
Employer	Work#		Cell#	Cell#				
Email:								
Secondary Parent Info								
Name:	Address, City, State, Zip							
Employer:	Work#			Cell#				
Email:				•				
Emergency Information (other than parent)								
Name		Phone#	Cell#	I	Relationship			
1								
1.								
2.								
Family Physician: Phone #:								
, <u> </u>								
**List additional adults allowed to pick-up your child:								

**Alleı	rgies:	Food allergies:			EpiPen required: Y/N		
		Environmental allerg	ies:		EpiPen required: Y/N		
		Drug/Other allergies:			_ EpiPen required: Y/N		
away frare they frustrat respondenter to	erence from a c y a "so ted? Do d better to punis	this sheet frequently. Very size fits all approaches loser", shy, etc, we to they need a few minute to strict and authoritation or reward base	ch. Do they get frustrated want to know! Every chittes of alone time, like to	d if an activity is diffice ld is different. What he be a helper/leader, do listening ear? If behave?	and you know them best! We steer rult, do they get embarrassed easily, elps your child if they're upset, they need choices, do they vioral issues arise do they respond		
	My ch	ild has the following c	condition(s) requiring sta	.ff knowledge and/or a	ttention:		
	These	things may be a sourc	e of frustration for my cl	nild:			
	It help	s my child when:					
		e any other informatio of your child?	n that would be helpful	in meeting the physica	l, mental or emotional		
**Please indicate the level of your child's swimming ability:							
	Begini	ner	Intermediate	Advanced (div	ing board)		

This form needs to be turned into Raymore Parks and Recreation by email to <a href="mailto:cdaut@raymore.com">cdaut@raymore.com</a> or hand delivered to Centerview, 227 Municipal Circle or the Raymore Activity Center (RAC), 1011 S. Madison St.