



YMCA OF MORGAN COUNTY
DAY CAMP 2024

Date T-shirt given _____

Which camp will your child attend? Adventure, Preschool or YMCA

CHILD'S SECTION

CHILD INFORMATION

Full Name: Last First Initial
Birthday Gender Age
Street Address
City State Zip
School Grade in Fall

Please select youth race and ethnicity from the list below:
Race:
American Indian Hawaiian/other Pacific Islander
Asian White
Black/African American Unknown
More than one race
Ethnicity: Hispanic or Non-Hispanic

Is your child eligible for Free and Reduced Lunch Yes No

MILITARY INFORMATION

Is your child a military dependent? Yes No
Do you have a military affiliation?
Active Duty Military Retired/Veteran No military

Whom does the child live with? (Select all that applies)

Mom Dad Stepparent Grandparent(s)
Foster Parent Other guardian

ANNUAL HOUSEHOLD INCOME

(Please select from the choices below)
Less than \$30,000 \$30,001-\$45,000 \$45,001-\$60,000
\$60,001 - \$75,000 More than \$75,001

HEALTH DATA/HISTORY

Allergies:
Chronic/recurring illness or medical conditions:
Dietary restrictions:
Current Medications: (send with instructions :)
Special Needs/Physical/Limitations:
Family Physician:
Address:
City: Phone number:
Hospital:
City: Phone number:
Medical Insurance Company;
Policy Number:

PARENT SECTION

PARENT OR GUARDIAN (1)

Full Name: Last First Initial
Cell Phone Number Parent's Date of Birth
Parent's Email
Home Address:
City State Zip
Employer's Name Employer's Phone Number
Employer's/Business Address

PARENT OR GUARDIAN (2)

Full Name: Last First Initial
Cell Phone Number Parent's Date of Birth
Parent's Email
Home Address:
City State Zip
Employer's Name Employer's Phone Number
Employer's/Business Address

PICK UP AUTHORIZATION & EMERGENCY CONTACTS

1. Name: Relationship:
Cell Phone: Work Phone:
2. Name: Relationship:
Cell Phone: Work Phone:
3. Name: Relationship:
Cell Phone: Work Phone:

Any other information that is not on this form that you would like us to know in order to best serve you and your child?

REVERSE SIDE MUST BE COMPLETED (OVER)