

Maple Street Summer-Information Form

CAMPER'S NAME _____ BIRTHDATE _____

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Camper's School _____ Age/grade _____

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Caregiver Name _____ Relationship _____

Address

E-mail _____

Cell Phone _____

Home Phone _____

Work Phone _____

Medicals are required to begin camp! For those who don't have them on file at the school already, please submit completed forms in advance of first day of camp. (Forms available from online)

Allergies/Chronic Medical Conditions/Concerns

Name:

Condition:

Please check if your child has no allergies or conditions.

Emergency Contacts

1. Name _____ Telephone _____

Relation _____

2. Name _____ Telephone _____

Relation _____

Authorized People for Pick-up (Staff may ID pick-up persons for your child's safety)

1. Name

2. Name

3. Name

Special Interests

Please list your child's special interests, likes, and dislikes. Please provide any other information we should have in regard to your child.

GROUPS: Guidelines for choosing a friend to be grouped with:

- Both campers must choose each other
- When campers of different ages want to be together, we assign older campers to the younger group.
- Triple requests cannot always be honored.
- Once camp has begun, your child's group cannot be changed.
- The composition of the group is, in part, determined by the demographics of the children applying.
- We reserve the right to create groups based on the needs of the camp.

Please group my child with _____

Please send Information form and Medical Forms in as soon as possible. Please notify us of any schedule changes or inaccuracies. All payments due on or before June 16th. If there is rain in the forecast please dress appropriately. Unless thunder and lightening we will most likely venture out!

Any questions or concerns please contact me at 718-282-4345 or by email msjennsmith@gmail.com

Thank you and looking forward to great summer!

Jennifer Smith
Attn: Maple Street Summer Camp
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Brooklyn NY
11225