

Date: _____

CAMPCARE APPLICATION FOR REGISTRATION

PLEASE PRINT

Name of Camper _____ Nickname: _____ Sex: M ___ F ___

Camper's Address: _____ City: _____ ST & Zip _____

Phone number: () _____ Date of Birth: _____ Age: _____

Parents/Guardians Name(s): _____

Mailing Address: _____ City: _____ ST & Zip _____

Parents/Guardians Phone Number: () _____

Please Notify in Case of Emergency: _____ Phone: () _____

Indicate if financial assistance is needed: (Circle) Yes No Amount: _____

How many years has the camper attended CampCare? _____

Camper T-Shirt Size: (Circle) S M L XL 2X Other: _____

Family/Friends T-Shirts - \$15.00 each # of Shirts: _____ Sizes: _____
Please add t-shirt amount to deposit - Thank you.

Contact Email Address: _____

FOR CAMP USE	
Postmark	
Fee	
Total Due	
Ackn. Date	
Paid	
Deposit	
Medical	
Reg.	
Camprshp	
Balance	
Notes:	

CAMPCARE CAMPER PROFILE

Camper's grade in Fall _____ Type of Class: _____

Does Camper work? Yes No Where? _____

Have there been any recent changes in the camper's life that may effect mood, temperament, behavior (i.e., move, loss of family member, surgery, etc.)? No Yes Explain: _____

Favorite Things: School subject _____ Sport: _____

Food: _____ Hobby: _____ Pet: _____

What do you enjoy doing together as a family? _____

Does camper participate in church, scouting, Y, or other activities? _____

What is your greatest concern with your child? _____

What methods of discipline do you find most effective with your child? _____

Does your child have any physical problems? Yes No What? _____

Is a wheelchair, walker or brace used? _____

Will your child attend any other camps? Yes No If yes, where? _____

Parent/Guardian Signature: _____

CAMPER FEE - \$1,110.00
Please mail this application with \$350.00 deposit to:
CampCare
P.O. Box 12155, Reno, NV 89510-2155