

Pfeiffer Nature Center Outdoor Camp

Circle: Session 1: July 12-15, 2021 Session 2: July 26-30, 2021

Friday Funday: July 9th July 16th July 23rd July 30th

* Required

1. Camper's Last Name *

2. Camper's First Name *

3. Camper's Date of Birth *

Example: January 7, 2019

4. Gender *

Mark only one oval.

Female

Male

5. Home Address *

6. Parent name *

7. Parent's cell phone number *

8. 2nd Parent name *

9. 2nd Parent's cell phone number *

10. Parent Email Address *

11. Additional email address

12. Age of Student as of June 1, 2021 *

Mark only one oval.

5

6

7

8

9

10

13. Grade Entering in September 2021 *

Mark only one oval.

1

2

3

4

5

14. School Name *

15. Emergency Contact #1 (include name, relationship and phone number) *

16. Emergency Contact #2 (include name, relationship and phone number) *

Camper Medical Information

17. Child's Physician Name *

18. Child's Physician Phone Number *

19. Food Allergies (Please be detailed and include ALL known allergies) *

20. Any other allergies to be aware of? *

21. Does your child require an EpiPen for allergies?

Mark only one oval.

Yes

No

22. Will your child be submitting any inhalers, medications, or prescriptions to camp?

Mark only one oval.

Yes

No

23. Social Emotional Concerns? *

24. Preferred Hospital *

25. Insurance Company *

26. Group # *

27. Policy # *

28. Primary Insurance Holder's Name *

29. Primary Insurance Holder's Birth Date *

Example: January 7, 2019

Financial Responsibility for Medical

The follow questions pertain to the person financially responsible for payments to account.

30. Name *

31. Driver's License Number (Include date and state of issue) *

32. Address *

33. Cell Number *

34. Employer Name *

35. Employer Phone Number *

36. Employer Address *

Summer Camp Rates:

If signing up for the entire summer, you only need to fill in the next question. If choosing specific weeks, please choose the week attending.

37. Summer Paid in full by July 3rd, 2021

Mark only one oval.

I agree to make a payment in the amount of \$160.00 and I will be registered for the dates of July 12-15, 2021 for camp.

I agree to make a payment in the amount of \$160.00 and I will be registered for the dates of July 26-29, 2021 for camp.

I agree to make a payment in the amount of \$35.00 for each indicated Fun-Day Friday@ Pfeiffer camp just Fridays

Choose specific week of attendance of Fun-Day Friday Event

38. Signature *

Check all that apply.

See attached signed document.

See attached Medical Notes/ Medicine Notes/ Epi-pen Notes

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