

CAMP DISCOVERY
APPLICATION OF ENROLLMENT

Date: _____

Child's Name: _____

Child prefers to be called: _____

Date of Birth: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Parent's Names: _____

Mother/Father's (CIRCLE ONE) occupation: _____

Place of Business: _____

Business Address: _____ City: _____ Zip Code: _____

Business Phone: _____ cell phone _____ pager _____

Texas Driver's License #: _____

E-mail: _____

Spouse/Partner's Occupation: _____

Place of Business: _____

Business Address: _____ City: _____ Zip Code: _____

Business Phone: _____ cell phone: _____ pager _____

Texas Driver's License #: _____

E-mail: _____

Are parents living together, separated or divorced: _____ If
separated or divorced, who has custody of the child: _____ Please
list home address and phone number of other parent: _____

In case of an emergency and parents cannot be reached, please contact one of the
following people: Please list local friends and relatives:

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: Work: _____ Home: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: Work: _____ Home: _____

Does your child have any medical problems we should be aware of (i.e. allergies (food,
insects, hay fever), asthma, sensitivity to insect bites, existing illness, previous serious
illness or injuries, hospitalizations during the past 12 months or any medications
prescribed for long-term, continuous illness, etc.):

AUTHORIZATION FORMS
AUTHORIZATION FOR THE RELEASE OF YOUR CHILD

Your child shall only be released to the parents or people listed in the space below. I agree to notify the Camp Discovery if anyone other than these people will be picking up my child.

Names of friends or relatives allowed to pick up my child when in the care of Camp Discovery:

AUTHORIZATION TO LEAVE FACILITY

I hereby give my consent for my child, _____, to leave Camp Discovery to participate in field trips that are announced in advance, and will require my signature or verbal authorization.

EMERGENCY MEDICAL AUTHORIZATION

In the event I cannot be reached to make arrangements for emergency medical treatment for my child, _____, I hereby authorize any staff member of Camp Discovery or other capable adult or emergency medical attendant to transport my child to the nearest medical facility and request any necessary medical treatment in the event of an emergency. I request that he/she is taken to the following medical centers, if possible, for treatment: _____

Physician's Name: _____ Telephone: _____

Address: _____

The hospital or emergency facility I prefer is:

Name: _____ Telephone: _____

Signature of Parent or Guardian: _____ Date: _____

I understand the tuition is due at the beginning of each week that I am signed up for.

I will bring in this Application of Enrollment ON or BEFORE my child's first day of Camp.

Signature of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____