



2019 Spring Camp Child Information Form

Child's Name: _____

Age: _____

Check the appropriate ratings that your child has your permission to view or play.

Movies

G PG PG-13

Video Game Ratings

E (Everyone) T (Teen) M (Mature)

Child Information _____

Health History / Allergies _____

Special Needs _____

Activity Needs and/or Problems _____

Social Needs or Unique circumstances _____

Snacks (Can your child have the item listed below?)

Peanuts/Nuts YES / NO Bread YES / NO

Fresh Fruit YES / NO Lunch Meat YES / NO

Milk YES / NO Juice YES / NO

Other _____

Parent/Guardian Signature _____

Date _____

