MDI YMCA
Camp & Childcare
Contact Information

Camper Information

Camper's Name:_____ ☐ Male ☐ Female MDI Y Member? ☐ Y ☐ N

Birthdate:_____ Age:_____ Grade Level Fall '08:_____ Permanent Mail Address:_____

_____ City:_____ State:_____ Zip:_____

Guardians Living at Camper's Address

Guardian #1 Name:_____ Relationship to Camper:_____

Employer:_____ Guardian #1 email:_____

List phone numbers in the order you prefer them to be called: 1._____ 2._____ 3._____
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Guardian #2 Name
*(living at camper's address):*_____ Relationship to Camper:_____

Employer:_____ Guardian #2 email:_____

List phone numbers in the order you prefer them to be called: 1._____ 2._____ 3._____
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Guardian or Person Responsible for Making Payments Living at Different Address

Name:_____Relationship to Camper:_____ email:_____

Address:_____ City:_____ State:_____ Zip:_____

List phone numbers in the order you prefer them to be called: 1._____ 2._____ 3._____
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Emergency Information

Person to contact if you or those listed above are unavailable in an emergency:

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

Who else may take/transport child from the program, other than those listed above?

Name:_____ Relationship:_____ Phone:_____

Name:_____ Relationship:_____ Phone:_____

*Camper Allergies:*_____ *Medications:*_____ *Prone to Seizures?*_____

Is there anything that we should know about your child? (Health or behavioral issues, other medical problems): _____

_____

_____

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