



# Cambridge Youth Commission

Cambridge Valley Summer Camp  
Registration 2023

## PERSONAL INFORMATION

Child's Full Name: \_\_\_\_\_

Nickname if any: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F Other

Parent/Guardian

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apt/Unit #*

\_\_\_\_\_  
*City/Town* *State* *ZIP Code*

Primary Phone: \_\_\_\_\_ Text Ok: Yes No

Primary Emergency Contact: \_\_\_\_\_

Authorized to Pick Up Child: Yes No Phone: \_\_\_\_\_

Emergency #2 Contact: \_\_\_\_\_

Authorized to Pick Up Child: Yes No Phone: \_\_\_\_\_

Emergency #3 Contact: \_\_\_\_\_

Authorized to Pick Up Child: Yes No Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Circle below to indicate if your child has special needs/services

None      Early Intervention/Special Education  
Occupational Therapy      Speech/Language      Physical Therapy  
IEP/504

If you think it is important to share. Will you be providing the camp administration with the 504/IEP accommodations? Yes No



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Does your child have allergies? Please list & provide care plan (write NA if none) In addition you will be required to provide proper medication documentation.

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Child's Primary Care Physician/Group: \_\_\_\_\_

PCP Phone Number: \_\_\_\_\_

## **WAIVER CONSENTS** *(Initial each item)*

I consent to emergency medical treatment for my child. Yes

Preferred Hospital: \_\_\_\_\_

I consent for my child to take part in the neighborhood trips (ie: hikes, nature walks, playground, sport field) away from the program under proper supervision. Yes \_\_\_\_\_

I understand the program may need additional permissions for situations such as transportation, medication, release of information and field trips.

Yes \_\_\_\_\_

I agree to have my child's photographs taken, used & shared in media relating to the Cambridge Valley Summer Camp (ie: Facebook, website, videos) Yes No

I give my child permission to participate in afternoon swimming..

Yes No



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My child's swimming level is: *circle one*

Non Swimmer

Beginner

Competent (knows how to float, 1 stroke, can tread water)

Competent & Confident (can swim without help, tread water for extended time without breaks)

I understand I must provide an up to date physical and vaccination record on or before June 30th. Yes \_\_\_\_\_

I understand myself & my child must adhere to all of the policies in the handbook which will be provided to me in the confirmation of registration. I should read this document thoroughly to understand all of the policies we are obligated to follow. Yes \_\_\_\_\_

I understand that camp tuition is due in full on or before June 30th or my child may risk enrollment for the program. Yes \_\_\_\_\_

Which weeks will you be registering for? *Circle all attending*

Week 1: July 3rd-7th (no 4th) \$140

Week 2: July 10th-14th \$175

Week 3: July 17th-21st \$175

Week 4: July 24th-28th \$175

Week 5: July 31st-August 4th \$175

Week 6: August 7th-11th \$175

Week 7: August 14th-18th \$175

Are you interested in a sponsorship?    Yes    No



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I understand that providing demographic information is optional but that it helps programming retain information to provide. *Circle one*

I will provide answers

I prefer not to answer

## DEMOGRAPHIC INFORMATION

Number of adults: \_\_\_\_ Number of children: \_\_\_\_ Total number in Household:

Marital Status: *circle one*

Single      Divorced      Married(living w/spouse)      Legally Separated

Married(spouse absent)      Widowed

Household Income. Income includes; wages, salaries, tips, unemployment compensation, Social Securitybenefists, child support/foster care income, state subsidized funding, disability, retirement/pensions, alimony & other.

*Circle one*

\$12,000-\$25,000      \$25,000-\$32,000      \$32,000-\$41,000      \$41,000-\$48,000

\$48,000-\$54,000      \$54,000-\$70,000      \$70,000-\$90,000      \$90,000+

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_