CAMP REGISTRATION FORM HAPPY HOLLOW CHILDREN'S CAMP, INC.

615 N. ALABAMA ST. SUITE 134

INDIANAPOLIS, IN 46204

Parent/Guardian Signature

(317)638-3849 FAX:(317)686-0195 Website: www.happyhollowcamp.net

2021
Office Use Only:
Date Received
Amount Received

Complete both sides of this form and return along with the enclosed SCOPE form, Summer Food Program Form and the Camp Fee to reserve a spot for your child at camp. PLEASE PRINT THE ANSWERS TO <u>ALL</u> OF THE QUESTIONS.

*Each child is only allowed to sign up attend ONE Session SESSION PREFERENCE (please number 1-4): Asthma – June 20 – 25 _____ I – June 27 – July 2 ____ II – July 4 – 9 III– July 11 – 16 IV – July 18 – 23 *If your #1 session preference is full, your child will be placed in the next available session according to your preferences. CAMPER'S NAME MALE **FEMALE** DATE OF BIRTH _____ AGE ____ COUNTY ____ STATE ZIP PLEASE CIRCLE ONE (ethnicity optional): AFRICAN-AMERICAN ASIAN-AMERICAN CAUCASIAN HISPANIC NATIVE-AMERICAN OTHER CAMPER LIVES WITH: 2 PARENTS FEMALE PARENT MALE PARENT GRANDPARENT OTHER _____ IS CAMPER A FOSTER CHILD _____ PARENT/GUARDIAN_____PHONE ____ CELL PHONE _____ EMAIL ____ EMPLOYER PHONE OTHER PARENT/GUARDIAN _____ PHONE ____ OTHER EMERGENCY CONTACT PHONE EMERGENCY CONTACT'S RELATIONSHIP TO CAMPER HAS ATTENDED HAPPY HOLLOW CAMP NO YES If yes what year(s)? _____ WHAT SCHOOL DOES THE CAMPER ATTEND *CAMPER PICK-UP RELEASE: When my child returns to Indianapolis from Happy Hollow Camp, I give permission for the following person/persons to pick him/her up. Name Relationship Name Relationship Phone Date Phone

^{*}Campers will be enrolled in camp on a first come, first serve basis. Happy Hollow Camp is limited, in the number of campers it can serve. When all the camp sessions are full, all other applicants will be placed on a waiting list.