

Allergy Alert:

**Warwick River Christian
Summer Camp 2023**

252 Lucas Creek Road, Newport News VA 23602,
757- 877-2941 Fax 757 877-6510
wrcle@warwickriver.org

Registration Form for Currently Registered Children

Grade Completed in June: _____

Child's full name (first, middle, last): _____

Preferred name/nickname: _____ Gender: _____ DOB: _____ Age: _____

Name(s) of sibling(s) registered with WRC for camp or child care:

_____ Full-time Summer Camp/anticipated drop off and pick up time: _____

_____ Part-time Summer Camp- please specify dates/days and times for part time and vacations:

Please use this area to provide information about vacations or if attending part-time what your campers
schedule will look like. Please be as accurate possible.

PARENT/GUARDIAN INFORMATION:

Please list the legal parents or guardians who have responsibility for the child.

Father

Mother

Full name: _____ Full name: _____

Phone: (W) _____ (C) _____ Phone (W) _____ (C) _____

EMERGENCY CONTACTS: In case the parents/guardians are not available,

Name:

Relationship to Student:

Day Phone:

A. _____

B. _____

Authorization for person(s) to pick up your child:

Person(s) NOT authorized to pick up your child:

MEDICAL INFORMATION:

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff.

A. Child's allergies (including foods), medical history, medications, and any physical or emotional impairments which our staff members should be made aware of:

B. If your child becomes ill or injured, and we cannot reach you, may we proceed with first aid and emergency medical care for your child?

Yes _____ No _____ Parent's Signature _____ Date _____

C. Physician/Pediatrician: _____ Phone: _____

AGREEMENTS:

1. Authorization is given for my child to participate in field trips. Yes ____ No ____
2. Permission is hereby granted for WRCPLC to use my child's name and photo in publications, publicity pieces such as Facebook and other social media platforms, and on our website unless noted below. Yes ____ No ____
3. Parent/guardian is responsible for paying their WRCPLC account balance weekly in accordance with our policy.

Comments/notes: _____

Parent's/Guardian's signature: _____ Date: _____

For Office Use Only

- ☐ Birth Certificate on file
- ☐ Medical Information on file
- ☐ Registration fee received.
- ☐ Legal documentation (if applicable)
- ☐ Other

Start Date:
