

# Summer Fun Camp



Date: \_\_\_\_\_ Camp Session: \_\_\_\_\_

Camper Name: \_\_\_\_\_  
First Middle Last Nickname

Birthdate: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

## Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Parent Information:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Camper Information:

Please indicate your child's general health: Excellent Good Fair Seasonal

Does your child take any medications on a daily basis? Yes No

If yes, please explain: \_\_\_\_\_

Does your child frequently suffer from any of the following:

- |                |  |                    |  |                       |  |
|----------------|--|--------------------|--|-----------------------|--|
| Colds          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nose Bleeds        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heat Exhaustion       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Headaches      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stomachaches       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sinus Infection       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | High Fevers        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Respiratory Infection | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Asthma         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seasonal Allergies | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |  |

Is your child highly reactive to sugar, food coloring, have food allergies or allergies to medication?

Yes  No If yes, please list: \_\_\_\_\_

Are there any physical handicaps which would limit your child's participation in school or school related activities?

Yes  No If yes, please explain: \_\_\_\_\_

Has he/she had any serious illnesses or surgery?

Yes  No If yes, please explain: \_\_\_\_\_

### **Nondiscriminatory Policy**

Tiny Tree School admits students of any race, color, national, and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and other school administered programs.

To the best of my knowledge all the information contained on this form is accurate.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Please return this completed application and non-refundable \$100 enrollment fee to:

Tiny Tree

258 W. Spoke Hill Road

Wimberley, Texas 78676 512.947.7625

Please make checks payable to: Tiny Tree