Summer Camp Enrollment Form

Child’s Name: _____________________ Child’s Date of Birth: _____________

List special dietary requests^, food allergies^ and restrictions^ (^Doctor signed form required):..............................
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What does milk does your child drink? (choose one)

☐ Cow Milk

☐ Soy Milk* (*Parent signed form required.)

☐ Almond Milk^ (^Doctor signed form required.)

Do you feed your child? (choose all that apply)

Eggs ☐ Yes ☐ No^ (^Doctor signed form required.)

Cheese ☐ Yes ☐ No^ (^Doctor signed form required.)

Dairy ☐ Yes ☐ No^ (^Doctor signed form required.)

Soy ☐ Yes ☐ No^ (^Doctor signed form required.)

Will your child .... ? (choose all that apply)

☐ Attend summer camp all or nearly all summer ☐ Yes ☐ No

☐ Attend just part of the summer (less than 4 weeks) ☐ Yes ☐ No

☐ Attend BSPS summer school and need bus transportation ☐ Yes ☐ No

First Week Schedule

Monday _____:____ - _____:____

Tuesday _____:____ - _____:____

Wednesday _____:____ - _____:____

Thursday _____:____ - _____:____

Friday _____:____ - _____:____

Expected Start Date: ____/ ____/ ____

Please schedule on the quarter hour: Example: 8:00; 8:15; 8:30; 8:45, etc

Schedule changes can be made each Wednesday for the following week.