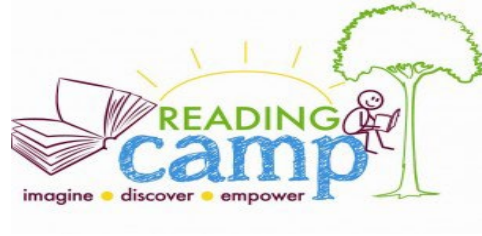


**Camper Application
2024 Reading Camp Harford
August 5-9, 2024**



Please scan or photograph and email this application to ReadingCampHarfordMD@gmail.com
by June 1st

Child's Full Name: _____ Nickname: _____

Pronoun preference (circle one): she/her his/him they/them

Date of Birth: _____

Child's school: _____ County: _____

Grade Level completed in June 2024 (circle one): first second third fourth

T-shirt size:

Child size ___ S ___ M ___ L ___ XL Adult Unisex Size ___ S ___ M ___ L ___ XL

With whom does the child live? ___ Mother ___ Father ___ Other: _____

Parent/Guardian #1 *Primary Contact for this application*

Name: _____

Address: _____

Cell phone: _____ Work phone: _____

Email Address: _____

Camp communication is mostly through email, so please check your inbox regularly.

Child's Residence (if not same as above): _____

Language spoken at home: _____

Parent/Guardian #2

Name: _____

Cell phone: _____ Work phone: _____

Email Address: _____

PHOTOGRAPHY/VIDEOGRAPHY PERMISSION

I give permission for my child's photograph to be taken and used for Reading Camp publicity and marketing purposes: Yes No (no names will be released)

Reading Camp Harford is a program for children who could benefit academically from an extra “boost” during the summertime. Our goals are to help the children refresh their reading skills, develop an interest and habit of reading, and have FUN!

How do you describe your child’s reading abilities?

- Excellent
- Above average
- Average
- Slightly below average
- Struggling greatly

How would you describe your child’s attitude toward reading?

- Loves to read
- Likes to read sometimes
- Doesn’t care
- Dislikes reading
- Hates to read

How often does your child read? _____

What types of books does your child like to read? _____

What are your child’s strengths? _____

What are your child’s challenges? _____

What are your child’s interests? _____

Is there any additional information you would like to share about your child? _____

Signature of parent/guardian: _____

Printed name _____ Date: ____ / ____ / ____

Please scan/photograph and send ALL FOUR PAGES of this application to ReadingCampHarfordMD@gmail.com by June 1st

**2024 Reading Camp Harford
Camper Medical and Transportation Form**

The information on this form is gathered to assist us in providing appropriate care. Please provide complete information so that the medical personnel can provide the best care for your camper.

Camper's Name: _____ Birthdate ____ / ____ / ____
Preferred pronouns (circle one): she/her he/his they/them
Home address: _____
Parent or Guardian Name: _____
Do you and the camper live at the same address? Y N
Primary contact number: _____ Secondary contact number: _____
If not available in emergency, notify: _____ phone: _____
Their relationship to camper: _____

LIST ALLERGIES AND DESCRIBE REACTIONS

Medications: _____
Food: _____
Other (insect stings, contact with specific allergens, etc.) _____

DIET AND NUTRITION

_____ If your camper has special food needs, please describe:

MEDICATIONS

By law, no prescription medication will be given unless in the original labeled bottle with the camper's name, prescriber's name, name of medication, dosage, instructions for administration. Professional samples must have a prescriber label. **We must have a written doctor's note to accompany the medication.**

_____ This camper takes no medications.
_____ This camper takes following medications: _____

Please circle any of the following conditions that apply to the camper:

Asthma Recent Injury or Surgery Allergy Other

Please explain any circled answers: _____

EMOTIONAL AND BEHAVIORAL HEALTH

Note: answering yes to any of the following questions will not necessarily disqualify your child from attending camp.

Y N Camper is under treatment for attention deficit disorder (ADD/ADHD) or anxiety.

Y N Camper is under treatment for emotional or behavioral difficulties or an eating disorder.

Y N Camper is under a professional’s treatment to address emotional/behavioral health concerns.

Is there anything you’d like us to know about your camper? _____

EMERGENCY AUTHORIZATION

I certify that:

- I understand that there are risks involved in any activity.
- A licensed nurse will be on-site the entire time that camp is in session.
- The health history is correct and complete as far as I know, and my camper has permission to engage in all camp activities except as noted.
- I hereby give permission to the camp to provide routine first aid, administer prescribed medications and seek emergency medical treatment as deemed necessary.

TRANSPORTATION PERMISSION

I am the parent/legal guardian of my camper and I give permission for them to ride a bus to and from field trip sites under the supervision of Reading Camp Harford staff and adult chaperones. I hereby release the Episcopal Diocese of Baltimore, St. Mary’s Episcopal Church, Reading Camp Harford, staff members and adult chaperones from responsibility and liability from illness or injury that my child may sustain during trips. In case of an emergency, I authorize the designated chaperones or staff to authorize emergency treatment or administer first aid.

RELEASE AUTHORIZATION FOR PICK UP FROM CAMP

I authorize the following people to pick up my camper:

Name	Relationship	Phone

The following people DO NOT have my permission to pick up my camper:

Name	Relationship

For your child’s safety, all authorized persons will be asked to show photo identification at their first pick up. You may add or remove people at any time by calling a Camp Co-Director. Your camper **WILL NOT** be released to anyone who is not authorized. If an issue arises, the Primary Parent/Guardian contact will be contacted, and the camper will be kept safe and supervised until authorized pick up is completed. If you need someone not listed above to pick up your camper at the last minute, notify the Reading Camp Co-Director by phone on the day of the change.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____