Shorewood Recreation, Fitness and Community Services

Camp Shorewood Enrollment Forms

Child Information

Child's Name: _____ Age: _____ DOB: ___/___/_____

Grade entering into: _____ School Attending: _____

Home Address: _____

T-Shirt Size:

☐ Youth XS ☐ Youth S ☐ Youth M ☐ Youth L

☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

In order to help us staff efficiently:

Approximate AM Drop Off Time: _____ Approximate PM Pick Up Time: _____

Parent/Caregiver Information:

Parent/Caregiver #1 Name: _____

Home/Cell #: _____ Work #: _____

Email: _____

Parent/Caregiver #2 Name: _____

Home/Cell #: _____ Work #: _____

Email: _____

Child Resides with: ☐ Parent/Caregiver #1 ☐ Parent/Caregiver #2 ☐ Both ☐ Other

Emergency Contact:

List at least 1 and up to 3 other people (other than Parent/Caregiver) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/ caregiver cannot be reached.

1. Name: _____ Relationship: _____ Phone #: _____
2. Name: _____ Relationship: _____ Phone #: _____
3. Name: _____ Relationship: _____ Phone #: _____

Medical/Health Info:

Please fill out as detailed as possible as this information will be used to best serve your child. Please note Camp Shorewood wants your child to have the best experience possible but may not be able to accommodate all special needs. Please use additional paper if needed to explain in greater detail, or reach out to us directly at amcgee@shorewood.k12.wi.us.

1. Are there any medical conditions that your child has that we should be aware of:

_____

_____

2. Triggers that we should be aware of:

_____

_____

3. Signs or symptoms to watch for:

_____

_____

4. Steps camp staff should follow:

_____

_____

5. Additional Notes:

_____