



**REGISTRATION FORM FOR  
CAMP AUXILIUM **TODDLER PROGRAM**  
2011-2012**



Check one and circle which days per week:  
 \_\_\_ 3 days M Tu W Th Fr  
 \_\_\_ 4 days M Tu W Th Fr  
 \_\_\_ 5 days M Tu W Th Fr

Check how many hours per day:  
 \_\_\_ up to 4 hrs per day  
 \_\_\_ up to 8 hrs per day  
 \_\_\_ up to 11 hrs per day

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cellular \_\_\_\_\_

Cellular \_\_\_\_\_

Dad's Business \_\_\_\_\_

Mom's Business \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_ Widow \_\_\_

Number of Brothers \_\_\_\_\_ Age \_\_\_\_\_

Number of Sisters \_\_\_\_\_ Age \_\_\_\_\_

Date Registered \_\_\_\_\_  
 Birth Certificate Rec'd \_\_\_\_\_  
 Payment Rec'd \_\_\_\_\_

**PRELIMINARY MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

**CUSTODIAL INFORMATION**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate documents. (Court Order)

Should notices be sent to the non-custodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MEDICAL EMERGENCY**

In the event that a medical emergency occurs I authorize CAMP AUXILIUM to seek emergency medical care for my child as deemed necessary by the Director.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OVERALL PERMISSION SLIP**

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN WALKING TRIPS WITHIN THE AREA OF CAMP AUXILIUM CENTER. I UNDERSTAND THAT THESE TRIPS WILL BE CONDUCTED IN A SAFE AND ORDERLY MANNER AND WILL INVOLVE NO SAFETY HAZARDS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For Office use only

Date of Withdrawal \_\_\_\_\_