

# ***Elyria Developmental Summer Camp Application***

*Only One Child per Form-(Please Print)*

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Camper Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Gender (please Circle) **M/ F**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Fall Grade 2021 \_\_\_\_\_ School Attending:

\_\_\_\_\_

Camper live with (Circle all that apply): Father & Mother Father Mother Step-Father Step-Mother Guardian

**Information for:** (Please circle all that apply) Father & Mother Father Mother Step-Father Step-Mother Guardian

Parent/Guardian Name: \_\_\_\_\_ Email Address: Address  
(if different from above):

\_\_\_\_\_

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

Phone: \_\_\_\_\_

**Information for (if different form above):** Father & Mother Father Mother Step-Father Step-Mother Guardian

Parent/Guardian Name: \_\_\_\_\_ Email Address: Address  
(if different from above):

\_\_\_\_\_

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

**Emergency Contact (other than Parents/Guardians):**

Full Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: PLEASE

***LIST ANY MEDICAL OR SPECIAL CONCERNS:***

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***Allergies:***

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***Behaviors:***

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*If there are any behaviors, what is your behavior plan or what reinforcers or reinforcements are used?* \_\_\_\_\_

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**MEDICAL RELEASE** if emergency treatment is required for my child and a parent or legal guardian cannot be reached. I hereby authorize treatment for my child, should the attending physician deem it necessary.

**Parent/guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTO RELEASE:** I hereby consent \_\_\_ **do not consent** \_\_\_ **to and authorize** the use and reproduction by Elyria Developmental Center of any and all images of my child captured with video, photo or digital camera, to be use for publications of print, video or webpage.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_