

CCBA Camp Beehive, Ages 3-5

2019 Child Information and Health Form

Child's Name: _____ Date of Birth _____

Parent's Name: _____

Address: _____

Home #: _____ Cell # _____ Work # _____

Email: _____

Please check the week(s) your child will be attending:

___ Week 1: July 1 Bee a Friend.

___ Week 2: July 8 Bee Wet.

___ Week 3: July 15 Bee an Explorer.

___ Week 4: July 22 Bee Cookin.

___ Week 5: July 29 Bee Movin.

___ Week 6: Aug. 5 Bee a Scientist.

___ Week 7: Aug. 12 Bee Creative.

Please circle pick up time: 1:00 pm or 4:00pm

Is your child signing up for swim lessons? ___yes ___no

Circle week(s) week 1 week 2 week 3 week 4 week 5 week 6 (No lessons week 7)

Please circle what best describes your child's swimming ability:

Non-swimmer Beginner Intermediate Advanced

Health Information:

My child's special concerns or limitations (for example behavioral, developmental, allergies, dietary restrictions, chronic health conditions or medications) are:

Alternative Pick-Up:

I give permission for the CCBA staff to release my child to the following person other than parents or guardians.

Name: _____ Relationship: _____

Permission Statement: I understand that in registering my child, I give permission for him or her to be treated with First Aid and/or to be transported by ambulance to an emergency medical facility. Further, I give permission for my child to go on any field trips, to be transported by a staff person if needed, to be photographed while participating and for those photos to be included on our printed materials or posted on our social media sites and, for staff to apply sunblock.

Parent/Guardian Signature: _____ Date: _____