

Pecometh Summer Camp Registration Form

DIRECTIONS: A REGISTRATION FORM IS REQUIRED FOR EACH HOUSEHOLD. IF A REGISTRATION FORM HAS ALREADY BEEN COMPLETED FOR YOUR FAMILY THIS YEAR, PLEASE CONTINUE ON TO CAMPER DATA ON THE BACK OF THE FORM. PLEASE MAIL THIS FORM TO CAMP IMMEDIATELY (ATTN: REGISTRAR).

PARENT/GUARDIAN 1

Name _____ Home Phone (_____)
Last First

Work Phone (_____) Cell/Pager Phone (_____)

Fax (_____) E-Mail _____

Address _____
No./Street/Box City State Zip

PARENT/GUARDIAN 2

Name _____ Home Phone (_____)
Last First

Work Phone (_____) Cell/Pager Phone (_____)

Fax (_____) E-Mail _____

Address _____
No./Street/Box City State Zip

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 _____ Day _____ Evening _____
Name and Relationship to Camper Area Code and Number Area Code and Number

Emergency Contact #2 _____ Day _____ Evening _____
Name and Relationship to Camper Area Code and Number Area Code and Number

Emergency Contact #3 _____ Day _____ Evening _____
Name and Relationship to Camper Area Code and Number Area Code and Number

Church _____ Church City _____ District _____

How did you find out about Camp Pecometh? _____

CAMPER 1

Name _____
Last First

Session Choices

(List Program Number):

1st Choice 2nd Choice 3rd Choice

CAMPER 2

Name _____
Last First

Session Choices

(List Program Number):

1st Choice 2nd Choice 3rd Choice

CAMPER 3

Name _____
Last First

Session Choices

(List Program Number):

1st Choice 2nd Choice 3rd Choice

CAMPER 4

Name _____
Last First

Session Choices

(List Program Number):

1st Choice 2nd Choice 3rd Choice

CREDIT CARD PAYMENT

Name of Credit Card Holder _____ Amount: \$ _____
Last First

Credit Card Type: Master Card VISA Discover American Express

Account Number _____ Expiration Date _____

After Confirmation, please charge the balance to this credit card on June 1, 2008

PECOMETH CAMPER DATA

Please copy or download copies of this form for additional campers (www.pecometh.org)

CAMPER

Name _____
Last First

Date of Birth ____/____/____ Gender: Male / Female Grade _____ # of years at Pecometh _____
Month Day Year (completed June 2008)

Discount Are you bringing a new friend? Yes No Do you have 3 or more family members attending camp? Yes No

Ethnicity ____Asian-American ____African-American ____Caucasian ____Latino
____Native-American ____Multi-Ethnic ____Euro-American ____Other _____

Roommate Request (One only please) _____

MEDICAL INFORMATION

Please check any special camper considerations:

____ Takes medication regularly ____ Learning Differences/Disabilities ____ Bi-polar Disorders
____ ADD/ADHD ____ Depression ____ Eating Disorders
____ Epilepsy ____ Diabetes ____ Bedwetting
____ Special Diet or Food Allergies _____
____ Drug Allergies _____
____ Other Allergies or Considerations _____
____ None

THINGS MY COUNSELOR NEEDS TO KNOW . . .

I like to be called (nickname) _____

I have been away from home Never A couple of times Often

Some things I like to do with my friends at school or at home are _____

Some things that worry me about coming to camp are _____

When I grow up, I'd like to be _____

When it comes to swimming, I consider myself to be
 a strong swimmer
 an average swimmer, but not great
 not a good swimmer, but I'd like to get better
 not a swimmer at all, but I do trust wearing a PFD (life-preserver)
 not a swimmer at all and I am scared of the water.