



NPLLC 2022 Summer Camp Registration Form

Part I: General Student Information (to be completed by the parent/guardian)

Full Student Name: _____

Date of Birth _____ SY 21-22 Grade Level: _____ SY 21-22 School: _____

Child T-Shirt Size: Please Circle One

Small – Medium – Large - X-Large - Adult Small - Adult Medium - Adult Large - Adult X-Large

Student Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Parent Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Parent Phone: _____ Parent Email Address: _____

Emergency Contact Name (in addition to parent): _____

Relationship to Student: _____ Phone: _____

Emergency Contact Name #2 (Optional) _____

Relationship to Student: _____ Phone: _____

***Please note that the parent/guardian and emergency contact listed on this page will be permitted to pick the student up at the camp site. Please Bring ID.**

Parent/Guardian Permissions – Please initial or check the boxes to indicate your consent to each statement below.

_____ I certify that I am the parent or legal guardian of the student, a minor child, and the information provided in this application is accurate to the best of my knowledge. I hereby give permission for my child to participate in NPLLC summer program sponsored by Bass Circle Community Center and that my student will abide by all guidelines in the Student Code of Conduct during the duration of the program. My child may walk or travel home alone at 3:00 pm unless otherwise specified with the NPLLC Summer Program Site Coordinator.

_____ I allow BCCC to use photos of my child and copies of my child's work for program advocacy, without use of my child's name.

Parent/Guardian Signature: _____ Date: _____



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Part II: Student Health Information (to be completed by the parent/guardian)

This information will be kept confidential and will only be used for purposes related to meeting your child's medical needs. If you do not complete this form, BCCC may lack critical information necessary to assist your child in the event of a medical emergency or other health-related matter.

Are there any health/medical issues/concerns staff should be aware of (i.e. seizures, asthma, etc)? Y/N _____

If yes, please explain: _____

Does student have any allergies (i.e. food, environmental, medical)? Y/N _____

If yes, please explain: _____

Is the student currently taking any medication required during summer activity time program hours? Y/N _____

If yes, please explain (Include medication type and administration times):

If yes, a copy of current Medication Authorization form and Medical Action plans (asthma and/or anaphylaxis) should be submitted as part of this application. (These forms can be obtained from original school year nurse for parent/guardian to make a copy.)

Are there any other health concerns that staff should be aware of? Y/N _____

If yes, please explain:

Parent/Guardian Signature: _____ Date: _____