



# SUMMER ADVENTURE CAMP

## Younger Kids Information Form

### Ages 2 months to 4 years

*Please complete & bring in for check in.*

*Parents, please check what applies for your child:*

[ ] Completely potty trained  
 [ ] In pull-ups  
 [ ] In diapers

CHILD'S NAME \_\_\_\_\_

CHILD'S BIRTHDAY \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S PHONE NO. \_\_\_\_\_

Out of Area/State Contact (If available)	Relationship to Child	Address	Phone Number

[ ] Check if there are no out of area/state contacts available.

• **Does your child have known allergies or sensitivities to:**

	<u>No</u>	<u>Yes</u>	<u>If Yes, please explain:</u>
Medications	[ ]	[ ]	_____
Foods	[ ]	[ ]	_____
Sunscreen	[ ]	[ ]	_____
Other	[ ]	[ ]	_____

• **Does your child have any of the following:**

	<u>No</u>	<u>Yes</u>		<u>No</u>	<u>Yes</u>
Asthma	[ ]	[ ]	Visual Impairment	[ ]	[ ]
Diabetes	[ ]	[ ]	Development Delays	[ ]	[ ]
Seizures	[ ]	[ ]	Physical Impairment	[ ]	[ ]
Heart Problems	[ ]	[ ]	Behavioral or Emotional Problems	[ ]	[ ]
Hearing Impairment	[ ]	[ ]	Other: _____		

If 'Yes' to any above, explain: \_\_\_\_\_

- List any regular medications your child takes: \_\_\_\_\_
- Is your child up to date on his/her immunizations?    [ ] No    [ ] Yes
- What is the name and phone number of your child's doctor:    Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_

**\*\*\* If your child becomes ill, you will be contacted to pick him/her up. \*\*\***

The health, safety and well-being of your child are of utmost importance to us. We do plan on taking your child outside for supervised play when our temperature, based on wind speed and relative humidity, ranges between 36° and 79° Fahrenheit. Deer Valley personnel reserve the right to make these decisions at their own discretion based on daily conditions. We ask that you provide proper outdoor attire in order for your child to participate in daily activities.

**PLEASE SEE BACK PAGE →**

**SUNFLOWERS & GRASSHOPPERS (2-18 months)**

- When does your child take a nap(s)? \_\_\_\_\_
- Are there any special things your child likes to have when going to sleep? \_\_\_\_\_

**\* We put infants on their backs to sleep unless otherwise noted above. \***

- When did your child eat last? \_\_\_\_\_ Next feeding? \_\_\_\_\_
- Any additional information that will assist our staff in caring for your child? \_\_\_\_\_

Sunflowers Only (2-11 months)

- Is your infant fed with: [ ] Formula [ ] Breast milk [ ] Both
- If breast fed, will you be coming in to feed your infant? [ ] No [ ] Yes...When? \_\_\_\_\_
- Does your infant eat cereal or baby food? [ ] No [ ] Yes

Grasshoppers Only (12-18 months)

- Does your child drink from a bottle or a cup? \_\_\_\_\_
- Does your child drink milk? [ ] No [ ] Yes

**LITTLE RAMBLERS (19-23 months) & RAMBLERS (2 years)**

- Are there any special things your child likes to have when going to sleep? \_\_\_\_\_
- Is there any additional information that will assist our staff in relating to your child, such as, siblings, pets, favorite toys, songs, etc.? \_\_\_\_\_

**TREKKERS (3 - 4 years)**

- Is there any additional information that will assist our staff in relating to your child, such as, siblings, pets, favorite toys, songs, etc.? \_\_\_\_\_
- Does your child know how to swim? [ ] Yes [ ] No; I will bring a life vest for my child.  
(Vests are not provided by Camp.)

**\*\*\* If your child becomes ill, you will be contacted to pick him/her up. \*\*\***

**\*\*\* I authorize my child to go on field trips during Camp. \*\*\***

**Please sign**



**Parent Signature**

**Date**