

Camp Friendship: May 31 – June 4 – Young ages 4-6 - AM

Camp Friendship: June 7-11 Elementary - AM ___

Camp Friendship: June 7-11 Middle School - PM ___

Camp Friendship: June 14-18 Elementary - AM ___

Camp Friendship: June 14-18 Middle school - PM ___

Camp Friendship: June 21-25 – Young ages 4-6 - AM

AM – 9:30 – 11:30 - Young

AM - 9:30 – 12:00 - Elementary

PM – 1:30 – 4:00 - Middle School – 9th grade

MAKE CHECK PAYABLE TO GAYLE BORN DATE: _____

CAMP FRIENDSHIP 2021

Parents' Names: _____

Child's Name: _____ Date of Birth: _____

School: _____

Grade in School: _____ Age: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Dad's Cell: _____

Work Phone: _____ Mom's Cell: _____

E-Mail: _____

Siblings: _____

Allergies: _____

Diagnosis: _____

Referred By: _____

Therapists currently working with your child: _____

Medications your child is currently taking and the dosage: _____

Goals for your child: _____

I, _____, give my permission for Gayle Born, Margaret Brito or Jim Trotti in the event of an emergency to consult with other professionals regarding my child, _____. I give permission for my child to be transported by ambulance to Children's Healthcare of Atlanta for treatment.

Signature of Parent: _____ Date: _____

MAKE CHECK PAYABLE TO GAYLE BORN

Deposit paid: _____ Check #: _____ Date: _____