

Camp Friendship: June 13-17 Young Ages 4-7 - AM ___

Camp Friendship: June 13-17 Elementary Rising 6th - PM ___

Camp Friendship: June 20-24 Elementary Rising 6th - AM ___

Camp Friendship: June 20-24 Young Ages 4-7 - PM ___

AM - 9:30 - 12:00

PM - 1:30 - 4:00

MAKE CHECK PAYABLE TO GAYLE BORN **DATE:** _____
CAMP FRIENDSHIP 2022

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: _____