



**CAMP HI HOPES
2718 RIVER ROAD
JOHNS ISLAND, SC 29455
843-557-0316**

CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Date of Birth: _____ Age (at the time of Camp): _____

Name of School: _____ Grade: _____

T-Shirt Size (select one): Youth: _____ or Adult: _____

Name of Parent/Guardian/Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Will child/children be attending full session: Yes ___ No ___ If no, please specify dates _____

Email address you check frequently: _____

Best way to contact you? (Circle one) Home Phone _____ Cell Phone _____ Email _____

In order to ensure that your child/children will get the maximum benefit academically, at Camp Hi Hopes, please feel free to write some specific skills that you would like to be reinforced (worked on) during his or her enrollment.

Academic

Needs: _____

EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____ **Authorized to pick up:** Yes ___ No ___

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ Work/Cell Phone: _____ **Authorized to pick up:** Yes ___ No ___

SAFETY INFORMATION (please list all known conditions so we can accommodate your camper's needs)

ALLERGIES/MEDICAL ACCOMMODATIONS. Some children may have allergies or medical situations that staff must be made aware of. Please contact the coordinator prior to the start of camp to discuss your child's situation. We want to make sure these matters are given the appropriate attention and the first day of camp during drop-off is not the proper time.

Does your camper have any medical conditions, allergies, or special needs the staff should know about?

