

Tot Lot 2001 Registration

Session 7A - AM Pack#

7B - PM

Camp Location O'Neill Park Camp Date 6/25 - 29/2001

Parents who volunteer to work at Day Camp may register their preschool children (3-10 years of age and potty trained) in the Tot Lot Unit which will be held on site during Day Camp hours. Parents are only allowed to use these child care arrangements while they are working at Day Camp. The Tot Lot is closed at meal times.

NOTE: To enroll your child in the Tot Lot, you must volunteer one hour in the Tot Lot on each day your child is enrolled.

Please fill out one form per child enrolled in Tot Lot.

Please Print

Last Name _____ First _____ Home Phone () _____

Email Address _____

Mother's Name _____ Daytime Phone () _____

Father's Name _____ Daytime Phone () _____

Address _____

In case Parents or Guardians cannot be reached, in an emergency who else should be notified? This must be a local person who can pick the camper up if needed.

Name _____ Relationship _____ Daytime Phone () _____

Name _____ Relationship _____ Daytime Phone () _____

Is there anyone who **cannot** pick up your child from day camp?

Name(s) _____

Tot Camper Information	Birth date _____	Age _____	Sex: Female	Male	
Days this child will be in the Tot Lot:	Mon	Tues	Wed	Thurs	Fri
Days parents will be volunteering in camp:	Mon	Tues	Wed	Thurs	Fri

Class 1 Personal Health & Medical History

Annually by all participants. To be filled out by Parent or Guardian. Please print in ink.

Health/Accident Ins. Carrier _____ Policy # _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, Medicines, Insects, Plants YES NO _____

GENERAL INFORMATION: Asthma YES NO High blood pressure YES NO Cancer/Leukemia YES NO

Heart condition YES NO Hemophilia YES NO Diabetes YES NO Kidney Disease YES NO Convulsions/Seizures YES NO

Other (Explain) _____

List any medications to be taken at camp _____

List equipment, i.e. wheelchair, braces, glasses, contact lenses, etc.: _____

List physical/behavior conditions that may affect or limit participation (swim, backpack, long distance hikes, strenuous physical game play)

Immunizations (give date of last inoculation): Tetanus toxoid ___ Measles ___ Polio ___ Diphtheria ___ Mumps ___ Pertussis

Rubella ___ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me, if an adult).

Date: _____ Signature of Adult/Parent/Guardian: _____ 

I give my permission for this child to participate in the tot lot and I will volunteer a minimum of one hour in the Tot Lot on the days my child is present.

Date: _____ Signature of Adult/Parent/Guardian: _____ 