



# SUMMER CAMP/PROGRAM REGISTRATION FORM

## 2026

(203) 271-6691

yellowhouse@cheshirect.gov

Cheshire Youth & Human Services

19 Walingford Road, Cheshire, CT 06410



### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: Sept. 2026 \_\_\_\_\_ School Attending: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth:     /     /

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:      Male      Female      Non-binary      Prefer Not to answer

### PARENT / GUARDIAN INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_  
email is used for camp updates, cancellations & important information

Home Address: if different from campers \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact # 1 Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact # 2 Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list the names of people authorized to pick-up/transport your child (besides parent or emergency contacts).

Name & Relationship to camper: \_\_\_\_\_

Name & Relationship to camper: \_\_\_\_\_

### MEDICAL & ALLERGY INFORMATION

Does the student have any allergies?    yes      No

If yes, please list: \_\_\_\_\_

Does your child use/have the following:    Inhaler      Epinephrine Auto Injector

Does your child have any medical conditions we should be aware of?    yes      No

If yes, please specify: \_\_\_\_\_

Primary Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Date:     /     /     Signature: \_\_\_\_\_

#### OFFICE USE ONLY:

- |                                            |                                          |
|--------------------------------------------|------------------------------------------|
| <input type="checkbox"/> DTA 6/15-6/18     | <input type="checkbox"/> DTA 8/17-8/21   |
| <input type="checkbox"/> NAEX 7/6-7/10     | <input type="checkbox"/> NAEX 7/27-7/31  |
| <input type="checkbox"/> S&G 7/6-7/10      | <input type="checkbox"/> S&G 8/10-8/14   |
| <input type="checkbox"/> TDC 7/20-7/24     | <input type="checkbox"/> TDC 8/10-8/14   |
| <input type="checkbox"/> FUN DAYS 6/29-7/2 | <input type="checkbox"/> SHINE 7/13-7/17 |