



The Bridge of Georgia  
Center for Ability Development

# 2019 Summer Camps Application

## *Rising Kindergartners to age 16*

June 10th-14th Blue Ribbon Days at the County Fair

(Cost: \$225 - \$50 Deposit, Balance \$175 due by June 3rd)

(Mon-Fri 8:30-2:30)

June 24th-28th 7 Wonders of the World

(Cost: \$225 - \$50 Deposit, Balance \$175 due by June 17th).

(Mon-Fri 8:30-2:30)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age as of 6-1-19 \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Child's Home School District \_\_\_\_\_ Grade Completed \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Father's Occupation/place of employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

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

Mother's Home phone: \_\_\_\_\_

Mother's email Address: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_

Mother's occupation/place of employment: \_\_\_\_\_

Please list names and ages of all those living in the home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical or educational challenges your child may have been diagnosed with and who gave the diagnoses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have other special medical considerations we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication that your child takes on a daily basis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we need to give your child medication during camp, please request and fill out a medication administering form along with the medication to be administered. This includes prescription and Over-the-Counter medications.

Child's physician \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Does your child have any allergies? If so, please list items. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained? Please Circle.    Yes    No    Needs Minimal Assistance    Needs Assistance

Is your child on a special diet: \_\_\_\_\_

If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_