



RETURNING CAMPER APPLICATION

Date: _____

Child's Name: _____

Child's Name at Camp: _____

Birth Date: _____ Age: _____ T-Shirt Size: _____

Current Grade in School: _____ Gender: Male Female

Mother's/Guardians Name: _____ Father's/Guardians Name: _____

Address: _____
Street City State Zip

Home Phone #: _____ Daytime/Cell Phone #: _____

Email Address: _____

Emergency Contact Person and Phone #: _____

Name of Child's Family Members	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Our pets are: _____

Child lives with: Mother Father Both Parents

Please indicate 1st and 2nd choice. Final session will be determined by Meadowood's Program Director(s) to best serve your child's needs.

Adventures in Communication – Session I July 7th – July 14th, 2019	<input type="checkbox"/>	Adventures in Communication – Day Camp Session I July 9 th – July 12 th , 2019	<input type="checkbox"/>
Adventures in Communication – Session II July 20th – July 27th, 2019	<input type="checkbox"/>	Adventures in Communication – Day Camp Session II July 23rd – July 26th, 2019	<input type="checkbox"/>
	<input type="checkbox"/>		

Please indicate how this camper's registration fees will be paid. Check one or more of the following as they apply.

- Cash Check Credit Card Payment Plan I request information on financial assistance
- Third Party Sponsor/Pledge (Elks, Relative, Rotary, etc.)

Name: _____ Address: _____
Phone Number: _____ City, State, ZIP _____

Special Interest Clubs my child would be most interested (Camp Tomodachi Only):

- Science Computers History Theatre Arts/Drama Music Photography Other: _____

This application has been completed and is accurate to the best of my/our knowledge and I/we:

- I have included a \$35 refundable/transferable deposit to Meadowood Springs to process this application.
- I understand that if this application is missing information and/or the \$35 refundable/transferable deposit, processing may be delayed.
- I understand that this application is not a guarantee of enrollment and staff will utilize information I have provided to determine if my child is eligible for camp.
- I understand that if my child is NOT eligible for camp, my \$35 deposit will be returned to me.
- I understand that if my child is eligible for camp, I will receive additional paperwork to complete my child's camp registration.
- I understand that the information I have included in this application will not be shared with anyone other than Camp Meadowood Springs staff.
- I have or will include a current copy of my child's IEP, 504 Plan, or goals/objectives from a Private Clinician (Adventures in Communication program only)
- I give permission for Camp Meadowood Springs to contact my/our child's Speech-Language Pathologist, Resource Room teacher, or other specialist to obtain further information.

- Speech-Language Pathologist

- Name _____
- Address _____
- Phone _____

- Resource Room Teacher

- Name _____
- Address _____
- Phone _____

- Other Specialist

- Name _____
- Address _____
- Phone _____

- Parent/Guardian Signature _____ Date _____

I prefer to receive notifications and final registration forms via:

- Email Postal Mail

I would like to take advantage of the following complimentary services (Call 541-276-2752 for more information):

- Registration Assistance Sponsorship Advocacy

Printed Name of Applicant

Signature of Applicant

Date

You will receive confirmation of acceptance and camp session via your preferred method of correspondence. Within 2 weeks of acceptance notification, you will receive an acceptance packet. If you have questions or concerns about the program, we urge you to call our office at 541-276-2752 or email us at info@meadowoodsprings.org at any time. **Thanks for your interest in Camp Meadowood Springs! We look forward to serving you and your child.**