

Summer Adventures Camp Application
14785 Bushy Park Road Woodbine, Maryland 21797 410-489-5203
www.glenwoodcountrydayschool.com

Last Name _____ First Name _____ Date of Birth _____
Address: Street _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____

Parent to be called if camper is sick or injured: (number order in which to call)

Name _____ Day Phone _____ Cell
Phone _____

Name _____ Day Phone _____ Cell
Phone _____

Guardianship: Whom will camper reside with during the summer?

____ Both Parents ____ Mother (separate household) ____ Father (separate Household) ____ Other

Emergency and Health Information:
(The Health Dept. requires the following
information for all children to attend camp)

Adult to assume responsibility in case parents cannot be reached:

Name _____ Relationship _____
Day Phone _____ Cell Phone _____

Physician

Name _____ Phone _____

Are there any special needs that require special attention? _____

Existing Health Conditions? Yes

(explain) _____ No _____

Allergies:

Medications: _____

Date: _____

****Attach a \$50 non-refundable registration fee per child.**