

CAMP TOTOKETT
Killam's Point, Branford, Connecticut July 30 – August 3, 2018
CAMPER REGISTRATION FORM

Camper Information	Parent/Guardian Information
Camper's Name _____	Parent/Guardian Name _____
Address _____	Address _____
_____	_____
Phone # _____	
Date of Birth _____	Relationship _____
Age at start of camp _____	Phone # _____
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Emergency contact name _____
School grade, 2017-2018 _____	Relationship _____
	Emergency contact phone _____
Name and location of school	

Please indicate the agency affiliation for each child or family (if applicable):	
<input type="checkbox"/> Nathan Smith Clinic	<input type="checkbox"/> APNH
<input type="checkbox"/> Fair Haven Clinic	<input type="checkbox"/> Hill Health Center
<input type="checkbox"/> Hispanic Health Council	<input type="checkbox"/> St. Raphael's Haelen Clinic
<input type="checkbox"/> Yale Child Studies	<input type="checkbox"/> NH Home Recovery

PLEASE NOTE:

1. All children must have completed kindergarten.
2. A separate **Registration Form & Medical Form** is required for each camper
3. Medical forms are required
4. Registration forms are due by **June 15, 2018**.
5. Return this form to: **CAMP TOTOKETT**
First Congregational Church
1009 Main St, Branford, CT. 06405
Telephone: (203) 488-7201
Email: camptotokett@gmail.com

If someone has filled out this form *other* than the child's guardian, please complete the following:

Name _____

Address _____

Phone Number _____

Location of Current Medical Records:

Physician or Clinic Name _____

Address _____

Phone Number _____

Any new health issues/medications since last year? _____
