

CAMP TOTOKETT  
Killam's Point, Branford, Connecticut July 29 – August 2, 2019  
**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"/>	<b>Emergency contact name</b> _____
School grade, 2018-2019 _____	<b>Relationship</b> _____
	<b>Emergency contact phone</b> _____
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** is required for each camper
3. Medical forms are required
4. Registration forms are due by **June 15, 2019**.
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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_