



**CAMP HOLLIS
DAY CAMP
CAMPER APPLICATION**

SECTION I

Child's Name _____ Nick Name _____
Last First

Address _____
Street/Road/Route City Zip

Date of Birth ____/____/____ Age ____ Sex ____ County of Residence _____

School _____ Grade Entering _____

Name of Mother/Guardian _____ Name of Father/Guardian _____

Mother/Guardian Home Phone No. _____ Father/Guardian Home Phone No. _____

Mother/Guardian Work No. _____ Father/Guardian Work No. _____

Mother/Guardian Cell Phone No. _____ Father/Guardian Cell Phone No. _____

In the event parent/guardian cannot be reached and advice and/or permission is needed, the next responsible adult who is to be contacted locally is (Please provide a different contact person and contact information from information listed above):

Name _____ Address _____

Phone No. _____ Alternate Phone No. _____ Relationship to Camper _____

***I give my permission for my child's picture to be taken and used for publicity purposes only. ___ Yes ___ No**

***I give my permission for my child to self-administer sunscreen to prevent over exposure to the sun. ___ Yes ___ No**

SECTION II

OSWEGO COUNTY RESIDENTS' FEE \$150 (NON-RESIDENTS PAY \$175)

Please check one: Paid by cash/check _____ Pay by credit card _____

Parent/Guardian Signature _____

SECTION III

Indicate your choice for your child to attend by a check mark next to each week desired. We will make every effort to have your child attend for the week(s) you have indicated.

July 3 – July 7 _____ July 10- July 14 _____ July 17 – July 21 _____
July 24 – July 28 _____ July 31 – August 4 _____ August 7 – August 11 _____

Once Camper Application and Payment is received then all other registration forms (Medical Form, Immunization Record, USDA Form) will be sent and must be complete to finalize your spot for Camp Hollis.

If you are experiencing financial difficulty please call the Department of Social Services for assistance.

Completed Registrations are accepted on a first come, first served basis.

Please check this box if you need assistance with camp supplies*
*If you need financial support and need help with camp supplies (shoes, swimsuits, towels etc.)

- FOR OFFICE USE ONLY -

Before application can be accepted and the application process is complete please make sure:

Date Application Received _____ Date Welcome Packet/Medical Form Sent _____
Medical Form Received: Yes _____ No _____ Up-to-Date Immunizations Received: Yes _____ No _____
USDA Form Required: Yes _____ No _____ Completed USDA Form Received: Yes _____ No _____
Photo/Sunscreen Permission Checked: Yes _____ No _____
Alternative Emergency Contact Given: Yes _____ No _____
Check or Money Order Date _____ Amount Paid _____
Check No. _____ Money Order No. _____