



**Hopes Promise Respite LLC
Camp Application Form**

Child Information

Child's Full Name: _____
Date of Birth: ____ / ____ / ____
Age: _____
Gender: Male Female Other
Address: _____
City: _____ **State:** _____ **Zip Code:** _____

Parent/Guardian Information

Guardian's Name: _____
Relationship to Child: _____
Phone Number: _____
Alternate Phone Number: _____
Email Address: _____

Emergency Contact Information

(If parent/guardian cannot be reached)
Emergency Contact Name: _____
Relationship to Child: _____
Phone Number: _____
Alternate Phone Number: _____

Medical Information

Does your child have any allergies? Yes No
If yes, please list: _____

Does your child have any medical conditions or special needs? Yes No
If yes, please explain: _____

Is your child on any medications? Yes No
If yes, list medication(s) and dosage: _____

Primary Physician's Name: _____
Phone Number: _____

Behavioral & Support Needs

Does your child have a behavioral support plan? Yes No

If yes, please describe: _____

Does your child require one-on-one support? Yes No

If yes, please explain: _____

Camp Preferences

Which session(s) will your child be attending? (Check all that apply)

Session 1 (Dates: _____)

Session 2 (Dates: _____)

Session 3 (Dates: _____)

Permission & Agreements

Photo & Video Release:

I give permission for my child to be photographed or recorded for camp activities and promotional materials.

I do NOT give permission.

Medical Treatment Authorization:

I authorize Hope's Promise Respite LLC staff to provide first aid and seek emergency medical care if necessary.

Behavioral Agreement:

I understand that my child must follow camp rules, and failure to do so may result in dismissal from camp.

Parent/Guardian Signature

By signing below, I certify that all information provided is accurate, and I agree to the terms and conditions outlined above.

Signature: _____

Date: ____ / ____ / _____

For Office Use Only:

- Application Approved
- Additional Information Required
- Payment Received

Staff Signature: _____

Date: ____ / ____ / _____

Notes: _____