**Please indicate intent to attend (may attend all sessions):**

* **Saturday April 14th, 2018** Spring Frolic 11am-3pm. Meet at Mt Olive, transport to 1147 Walter Mabe Rd, Lawsonville, NC 27022
* **Week 1: Week of June 25th, 2018: M-F 7:30am-5:30am.** Location: Forbush Middle School, 1431 Falcon Rd, Yadkinville, NC 27055
* **Week 2: Week of July 9th, 2018: M-F 7:30am-5:30am.** Location: Pilot Mountain Middle School, 543 Old Westfield Rd, Pilot Mountain, NC 27041
* **Week 3: Week of July 23rd, 2018: M-F 7:30am-5:30am.** Location: West Stokes High School, 1400 Priddy Rd, King NC 27021

**In order that Heroes Helping Heroes and its Seeds of Hope programs qualify for a Federal Feeding Grant as well as other funding opportunities, we ask that you provide the following information:**

*Does your household receive benefits from WIC, SNAP, TANF, FDPIR, or free & reduced lunch?*

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_ If yes, what county are benefits received through \_\_\_\_\_\_\_\_\_

*Please check any that apply to your child*:

In Head Start\_\_\_\_\_ In foster care\_\_\_\_\_ Adopted\_\_\_\_\_ Homeless\_\_\_\_\_ Migrant\_\_\_\_\_ A runaway\_\_\_\_\_ Has a learning disability\_\_\_\_\_ Retained in grade at least once\_\_\_\_\_

Has an emotional/medical/behavioral disorder\_\_\_\_\_ Speaks English less than “very well”\_\_\_\_\_ Does not live with both parents\_\_\_\_\_ Either parent immigrated in past 5 years\_\_\_\_\_ Family income below $10,000\_\_\_\_\_ Neither parent/guardian employed\_\_\_\_\_

I certify (promise) that all information on this application is true as reported. I understand that the Seeds of Hope program may qualify for a Federal Feeding Grant or other funding opportunities based on the information I give. I understand that if I purposely give false information, my children may lose their ability to attend camp or associated programs

Printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic Info:**

**Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant’sLast name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_ Age as of June, 2018: \_\_\_\_\_\_\_ Last grade completed as of June 2018:\_\_\_\_\_\_\_

Ethnicity:Hispanic/Latino\_\_ Asian\_\_ American Indian or Alaska Native\_\_ African American\_\_ Caucasian\_\_ Native Hawaiian or other Pacific Islander\_\_ Gender: ( M/F) \_\_\_

T-Shirt Size: (Adult) \_\_\_\_\_/ (Youth):\_\_\_\_\_\_ New/Returning Camper:\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing** Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\*\*\*Please attach copies of picture ID for all parties responsible for pick up\*\*\*\*\*\*\****

Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardians’ Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardians’ relationship to the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LG’s Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LG’s Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LG’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Legal Guardians’ email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LG’s Cell# :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone carrier (example: Verizon, Sprint, AT&T)\_\_\_\_\_\_\_\_\_\_\_\_\_PLEASE NOTE: Unless otherwise directed, the LG’s CELL phone number will be used to check your child in or out. It is extremely important that this number, as well as your email address, be up to date.  |

Participant’s Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\*\*\*A front and back copy of the participant’s insurance card(s) is required\*\*\*\*\*\****

Family Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Immunizations***

*List m/y if possible or state current*

\_\_\_\_\_\_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_\_\_\_\_\_ Polio Booster \_\_\_\_\_\_\_\_\_ Measles

\_\_\_\_\_\_\_\_\_ Mumps \_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_

# Medical/Social/Behavioral History

Does/has the participant experienced any of the following medical conditions? (Please check all that apply and attach additional information if needed.)

\_\_\_\_\_ Asthma \_\_\_\_\_ Kidney trouble \_\_\_\_\_ Heart trouble

\_\_\_\_\_ Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Headaches

\_\_\_\_\_ Allergies \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the participant ever had an allergic reaction to:

Food (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication (specify): \_\_

Special Dietary Needs: \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all current medications: \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have an IEP or 504 plan in place? \_\_\_\_\_\_ What modifications are provided if yes:\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any mental, behavioral or social needs that we need to be aware of so that we can be sure to make your child’s experience as fun and safe as possible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list medications that can or need to be administered and for what conditions.

Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Med. Type/Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions Section**

**Permission to Administer Tylenol or Ibuprofen (circle preference) for minor headaches based on the packaging directions by camper age.**

* **I do give permission**
* **I do not give permission and request the following directions be followed: \_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission to Administer Sunscreen (any brand)**

* **I do give**:
* **I do not give permission and request the following directions be followed (note should specific brands be required, parent or guardian must supply): \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for Transportation**

**(NOTE: THIS PERMISSION DOES NOT ENROLL YOUR CHILD IN TRANSPORTATION TO/FROM CAMP)**

* **I do give**:
* **I do not give:**

In the event that transportation should need to be provided to/from locations specific to Seeds of Hope activities or drop off locations, permission to Heroes Helping Heroes and its Seeds of Hope staff members with valid NC driver’s license to transport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name). I understand that my child will never be transported without a staff member of the same gender and at least one more staff member in the vehicle.

**Permission for Photography**

* **I do authorize**:
* **I do not authorize:**

Heroes Helping Heroes and its Seeds of Hope programs to publish photographs/likenesses of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name) for use in the Heroes Helping Heroes and its Seeds of Hope program’s print, online and video-based materials, as well as other publications. Further, I attest that I am the parent or legal guardian of the child listed above and that I have full authority to consent and authorize Heroes Helping Heroes and its Seeds of Hope programs to use their likenesses.

**Permission for Release**

(Participant’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be picked up by the following people from the Seeds of Hope Summer programs:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please attach copies of picture identification for all parties responsible for pick-up of your child\*\*\***

(Participant’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may **NOT** be picked up by the following people from the Seeds of Hope Summer programs: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Release**

I, the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name), do hereby verify that the above information is correct and do hereby release and forever discharge all staff, chaperones, Stokes County/Surry County/McDowell County Schools and Heroes Helping Heroes and its Seeds of Hope program representatives from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in Heroes Helping Heroes and its Seeds of Hope program events, field trips and related events.

In the event of a medical emergency or need, I, the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name), give the acting Seeds of Hope staff permission to act in the best interest of myself or my child to obtain medical treatment. I will be notified of the emergency/need as soon as possible.

I attest that I am the parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant’s name) & I have full authority to consent and authorize Heroes Helping Heroes & its Seeds of Hope programs.

**Signature of Participants Parent or Legal Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The next section should be completed by Parent/Legal Guardian AND Participant for campers in grades K-6. Campers in 7th and 8th grades will be attending off campus activities during these track times and do not need to complete this section.**

For campers whose last grade completed was K-6th, please review the camp activities listed below. Please rank the tracks you would prefer to be placed in by your 1st, 2nd, 3rdchoices, and so on. We will place you in a track of your choosing, although it may not be your first choice. Tracks are subject to change based on new opportunities that may arise. K-6 campers may also attend off campus activities one of the five days of camp at a local farm. Please be sure you have signed the transportation permission section.

|  |  |  |
| --- | --- | --- |
| **(**Must rank **each** track list in order of desired activity based on the age level of your child)**Sample Ranking****Track A (Ages 5-7)**\_1\_ Softball/baseball (all ages)\_4\_ Soccer (all ages)\_5\_ Football (all ages)\_3\_ Cheerleading (all ages)\_2\_ Tumbling (all ages)\_6\_ Basketball 1 (ages 5-7)\_7\_ Art 1 (ages 5-7) | **(**Must rank **each** track list in order of desired activity based on the age level of your child)**Sample Ranking****Track B (Ages 5-7)**Children’s Church (ages 5-7) | **(**Must rank **each** track list in order of desired activity based on the age level of your child)**Sample Ranking****Track C (Ages 5-7)**\_1\_ Dance (all ages)\_6\_ Volleyball (all ages)\_5\_ Simply Science (ages 5-7))\_4\_ Kitchen Chaos 2 (ages 5-7))\_3\_ Glitter Girls\* 2 (ages 5-7)\_2\_ Builder Boys\*\* 2 (ages 5-7)\_5\_ Lego Land (ages 5-7) |

**5-7 year olds only:**

**Track A (Ages 5-7)**

\_\_ Softball/baseball (all ages)

\_\_ Soccer (all ages)

\_\_ Football (all ages)

\_\_ Cheerleading (all ages)

\_\_ Tumbling (all ages)

\_\_ Basketball 1 (ages 5-7)

\_\_ Art 1 (ages 5-7)

**8-12 year olds only:**

**Track A (Ages 8-12)**

\_\_ Softball/baseball (all ages)

\_\_ Soccer (all ages)

\_\_ Football (all ages)

\_\_ Cheerleading (all ages)

\_\_ Tumbling (all ages)

\_\_ Glitter Girls\* 1 (ages 8-12)

\_\_ Tennis (ages 8-12)

**Track B (Ages 5-7)**

Children’s Church (ages 5-7)

**Track B (Ages 8-12)**

\_\_ Mad Science (ages 8-12)

\_\_ Fun & Fitness (ages 8-12)

\_\_ Builder Boys 1\*\* (ages 8-12))

\_\_ Lego Land (ages 8-12)

\_\_ Music (ages 8-12)

\_\_ Kitchen Chaos 1 (ages 8-12)

**Track C (Ages 5-7)**

\_\_ Dance (all ages)

\_\_ Volleyball (all ages)

\_\_ Simply Science (ages 5-7))

\_\_ Kitchen Chaos 2 (ages 5-7))

\_\_ Glitter Girls\* 2 (ages 5-7)

\_\_ Builder Boys\*\* 2 (ages 5-7)

\_\_ Lego Land (ages 5-7)

**Track C (Ages 8-12)**

\_\_ Dance (all ages)

\_\_ Volleyball (all ages)

\_\_ Basketball 2 (ages 8-12)

\_\_ Art 2 (ages 8-12)

**PLEASE NOTE:** Transportation is not provided to the Seeds of Hope summer camps with the exception of TRUE hardship situations noted in writing by the child’s guardian each year. Written explanations of transportation hardship must be received by Jana Elliott, Executive Director, no later than three weeks prior to the start date of the week(s) you are requesting your child attend camp as transportation provision is an extremely expensive undertaking and cannot be guaranteed without available funding. No consideration will be given requests that are not received in writing with an explanation of the situation. If possible, these requests should be attached to the camper application for EACH child. You will receive written notice of your approval for transportation should your request be granted.

**Interest Inventory (TO BE COMPLETED BY EACH PARTICIPANT)**

1.  After school, I like to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2.  On weekends, I like to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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3.  I like to collect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4.  I like to learn about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

5.  I like to read about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6.  I like to write about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

7.  My favorite book is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

8.  My favorite toy is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9.  My favorite sport is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10.  My favorite TV program is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

11.  My favorite movie is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

12.  My favorite game is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

13.  I like to make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

14.  My pet is a \_\_\_\_\_\_\_\_\_\_\_\_.   Its name is \_\_\_\_\_\_\_\_\_\_\_\_\_.

15.  My favorite person to play with is \_\_\_\_\_\_\_\_\_\_\_\_\_\_.  With this friend I like to \_\_\_\_\_\_\_\_\_\_\_\_.

16.  With my other friends, I like to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

17.  My favorite person to visit is \_\_\_\_\_\_\_\_\_\_\_\_.  With this person, I like to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

18.  My favorite fun place is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

19.  When I grow up, I want to be a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

20.  If I could have three wishes, I would wish for: 1.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       3.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***To be completed by staff:***

Camper Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Week 1 tracks: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week 2 tracks: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week 3 tracks: A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tylenol/Ibuprofen\_\_\_\_

Sunscreen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meds at Camp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photography\_\_\_\_\_ Trans. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_