

Sol Garden Creations & Aqua Creations Day Camp Application

Hosted by: Creations Management & Farms 501(c)(3) Nonprofit and Ernest T. Ford Recreational Center  
Location: 10 Pitkin St, Highland Park, MI 48206  
Contact: jlindsey@imagineminds.org | Phone: 248-795-5409

Which camp are you registering for: Summer 2024\_\_\_\_\_ Are you a returning camper? Y or N

Early registration starts for returning campers who attending Summer 2023: **begin April 1**  
Early registration starts for returning campers winter break 2024 and spring break 2024 campers: **begin April 22**  
Open registration for the public: **begins May 1, 2024**

What camp did you attend? Summer 2023\_\_\_\_ Winter 2024\_\_\_\_\_ Spring Break 2024\_\_\_\_\_

Please note: In partnership with Ernest T Ford Recreational Center we are offering a **free camp** for those parent **who support our fundraising efforts** to make the camp free for children. Please provide a valid email address so that we can forward our fundraising events. Parent email\_\_\_\_\_

**This application must be filled out completely** in order to be considered for this 6-week camp as space is limited. All documents are required prior to the start of the camp with parent signatures. Spaces will be filled on a first come, first served basis.

Camper Information

-Camper's Full Name:\_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Gender:\_\_\_\_\_ Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

Our lessons are taught by the standards so we do need your child's end of year test scores to be submitted prior to the start of camp.

Parent/Guardian Information

Parent/Guardian 1 Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian 2 Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Can we release the camper to this person? \_\_\_\_\_

Please check one:

Single Parent Home \_\_\_\_\_

Two Parent Home \_\_\_\_\_

Do you received WIC? Y or N

Do you received SNAP? Y or N

Where you referred to the camp by DHS? Y or N

#### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Can we release camper to this person? \_\_\_\_\_

#### Doctor's Information

Doctor's Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

#### Health Information

Allergies (Please specify): \_\_\_\_\_ Medications (Please specify): \_\_\_\_\_

#### Dietary

Restrictions: \_\_\_\_\_ SpecialNeeds/Considerations: \_\_\_\_\_

#### Academic Support Needs

Please indicate if the camper needs help in the following areas:

- [ ] Mathematics

- [ ] Reading

Does your child receive support services at school? Y or N Does your child have an IEP or 504 Plan? Y or N if yes, please provide so that we can support your child in the best way possible.

#### Additional Information

Special Interests or Hobbies: \_\_\_\_\_

What do you hope your child gains from this camp experience?

\_\_\_\_\_

Permissions

- I hereby give permission for my child to participate in all camp activities.
- I authorize camp staff to provide emergency medical treatment as needed.
- I consent to the use of my child's photograph for promotional purposes as outlined in the Photo Release Form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Parent/Guardian Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your application! We are excited to offer an engaging and enriching camp experience for your child. Please submit this completed application along with any necessary fees to the address or email provided above. We will confirm your child's registration upon receipt.