

**BCCA ~~Summer Camp~~ Application**  
**789 Reservoir Avenue**  
**Bridgeport, CT 06606 - 203-502-1206**

Child's Last Name, First, Middle Initial

Street Address

City, State, ZIP

Phone#	DOB	Age
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Grade in September

Male	Female
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Asian	Black	Caucasian
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Hispanic	Other
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Circle Income Level:	Under \$10K	
\$10-20K	\$21-40K	Over \$40K

Health Insurance Co:	ID#
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PARENT/GUARDIAN #1

Last Name, First Name, Middle Initial

Street, City, State, ZIP

Employer: Phone:

Email & Cell

**CAMP CHOICES:**

<b>CAMPER</b>		
7/1-7/10	AM Extend	PM Extend
7/13-7/24	AM Extend	PM Extend
7/27-8/7	AM Extend	PM Extend
8/10-8/21	AM Extend	PM Extend
<b>CIT</b>	<b>JC</b>	

People authorized to pick up your child (other than parents)

Name	Phone
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Name	Phone
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Name	Phone
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Does your child have any health Issues or Medical Conditions that BCCA should be made aware of?

Asthma	Packet A
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Food Allergies	Packet B
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Epi-Pen	Packet C
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Seizures	Packet D
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Medications	Packet E
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Behavior

Other:

Emergency Contact other than Parent & PHONE

#1

Emergency Contact other than Parent & PHONE

#2

Emergency Contact other than Parent & PHONE

#3

PARENT/GUARDIAN #2

Last Name, First Name, Middle Initial

Street, City, State, ZIP

Employer: Phone:

Email & Cell

**Please Sign Agreement**

The health history I have provided is correct to the best of my knowledge. The child named above has my permission to participate in all Summer Camp activities except as noted by me or an examining physician. In the event I cannot be reached, in case of accident or sudden illness which would require more than basic first aid treatment, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the child named above. I understand that fees for this program are due before the session begins. If fees are not paid by said date, I understand that my child's spot in the program will be forfeited and filled from the waiting list.

Signature of Parent/Guardian - DATE