

Camp-IN Registration

Thursday, July 29th

Child's name: (1) _____

Child's name: (2) _____

Child's name: (3) _____

- My child can't wait for the CAMP-IN - **\$25 per camper**
 - I will pick them up at 90 Laird Drive, Moraga between 7:45 pm - 8:15 pm
 - They will take the bus / van to the normal meeting spot in Walnut Creek or Montclair. Drop off time will be from 8:15 pm - 8:30 pm at both stops. Campers must already be enrolled for the transportation service
- No, my child will not be attending the CAMP-IN
 - I will pick them up at 90 Laird Drive, Moraga by 5:00 pm on Thursday.
 - Please send my child on their normal bus / van home from 4:15 pm-4:30 pm Campers must already be enrolled for the transportation service

Total: _____

Please circle method of payment:

check# _____ Cash _____

Signature: _____ Date: _____

Please return to camp by Friday, July 23rd. Please bring hard copy and do not email. Thanks!

Dinner	Snacks
Spaghetti with vegetarian red sauce or oil – <i>will have gluten free available</i>	<i>S'mores:</i>
Salad with Italian dressing	Chocolate
Dinner Roll	Marshmallow
Lemonade	Graham Cracker
All food served will be nut free	

If your child requires any medications during the camp-IN (5:00 pm – 8:00 pm), please complete the attached medication form and turn it in with your registration form. The medication can be given to our staff during check in on Thursday.

Adventure Day Camp
CAMPOUT MEDICATION LOG

Name of Camper: _____
information)

(Please use back of medication log if needed to document

Name of Medication	Dosage	Time	Special Instructions (Please be specific)	Purpose	Side Effects

This medication is for the campout only; please return Friday after the campout. Please keep this medication at ADC for emergency use during the session.

I have completed the information above to the best of my knowledge. I hereby give my permission for Adventure Day Camp to administer the stated medication to my child.

Signature of parent or guardian responsible for the child named above

Date

Additional Helpful Information:

Information Below Is To Be Completed By Adventure Day Camp Staff

Name of Medication	Date Administered	Time	Dosage	Any Side Effects After Administered	Administering Staff Signature

Medication given to ADC: _____

Medication returned to parents on: _____