Kids Kamp Registration Form*

The camper is (check the following):

____ Deaf

____ Hard of Hearing

____ Hearing or deaf child of deaf parent(s) or interpreter(s)

____ Sibling of deaf child

____ Classmate or playmate of deaf child

Camper's name _____

Camper's address: _____ _____ _____
street *city* *ZIP*

Age of camper _____ (*must be between age 3 – 10 to qualify*)

Does the camper know basic sign language? _____ Y _____ N
Use of sign language is encouraged throughout the Kamp program. If the camper does not know sign language, that is all right! We will teach the camper as part of his/her language development.

Does the camper wear _____ hearing aids? _____ cochlear implant? _____ None

Camper's dietary needs or allergies:

In case of emergency, please contact the following:

Relative or Guardian Name(s) _____ _____
Relationship

Relative or Guardian Signature(s)_____

Address if different than camper _____
Day phone: _____ Cell: _____ VP: _____

The camper may be released to any person(s) other than the above as long as the relative or guardian calls in ahead of time (616-732-7358) and the person shows ID that matches the name upon arriving.

Submit one form per camper.