

# 2023 Hickory House Summer Camp Registration Form

*When registering siblings, each child needs their own Form*

Camper's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Has your child been to a summer camp before: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any siblings and ages \_\_\_\_\_

General disposition: \_\_\_\_\_

Child's interests: \_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Family pets: \_\_\_\_\_

Is your child on Medication: \_\_\_\_\_ If yes, will it come to camp \_\_\_\_\_

Is your child currently enrolled in any daily/weekly school or program: \_\_\_\_\_

Which ones/schedule: \_\_\_\_\_

How did you find out about us: \_\_\_\_\_

How much yard/land does your child have access to: \_\_\_\_\_

At camp, how will your child respond to and what will they need to move through-  
getting hurt: \_\_\_\_\_

getting dirty: \_\_\_\_\_

getting vegetables for snack: \_\_\_\_\_

Anything else you want me to know: \_\_\_\_\_

**Please check all Camp Weeks you are registering for**

Camper's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**BROOK CAMP**

*This Camp invites 5 - 11 year olds who love nature! Monday - Friday 8:30am - 2:30pm*

*\$700./per 2 week session \$400./for individual weeks (limited availability)*

\* SESSION 1 \* June 26th - July 7th \_\_\_\_\_

\* SESSION 2 \* July 17th - July 28th \_\_\_\_\_

---

**ART CAMP**

*This Camp invites 11 - 14 year olds who love art! Monday - Friday 8:30am - 2:30pm*

\* TEEN WEEK \* July 31st - August 4th \_\_\_\_\_ \$350./per week

---

**In case of an Emergency list 2 non-parental contacts (we call parents first)**

1. Emergency Contact: (name) \_\_\_\_\_

(relation to camper) \_\_\_\_\_ # \_\_\_\_\_

do they have permission to pick up your child: \_\_\_\_\_

2. Emergency Contact: (name) \_\_\_\_\_

(relation to camper) \_\_\_\_\_ # \_\_\_\_\_

do they have permission to pick up your child: \_\_\_\_\_

*Please mail this Registration, Permission Slip and Release Form with full payment to*

*J'Mae Shemroske 185 Dawson Rd. Hillsdale, NY 12529 or VENMO @JMae-S*

*Please reach out with any questions (518) 567-9527 [danceventure@gmail.com](mailto:danceventure@gmail.com)*

*Thank You!*