



## Camp Tabernacle Summer Application

5800 North Marvine Street, Philadelphia, PA 19141

Tel: 215-548-6011 [www.stdayschool.org](http://www.stdayschool.org)

Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

T-shirt Size (please circle one)

Youth Small   Youth Medium   Youth Lg   Youth XL

Adult XS   Adult SM   Adult M   Adult Lg   Adult XL   1XL   2XL   3XL

Parent/Caregiver's Name: \_\_\_\_\_

Parent/Caregiver's Home Number: \_\_\_\_\_

Parent/Caregiver's Email Address: \_\_\_\_\_

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

\_\_\_\_\_

Child Lives With: \_\_\_\_\_

Child's School: \_\_\_\_\_

School Address & Phone Number: \_\_\_\_\_

\_\_\_\_\_

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

**Emergency Contact Phone Number:** \_\_\_\_\_

**Child's Ethnicity:** \_\_\_\_ African American \_\_\_\_ Asian or Pacific Islander

\_\_\_\_ Latino \_\_\_\_ White \_\_\_\_ Biracial \_\_\_\_ Other (Please Specify) \_\_\_\_\_

**Child's Needs:** \_\_\_\_ Deaf/Hearing Impaired \_\_\_\_ Developmentally Delayed \_\_\_\_ IEP

\_\_\_\_ Behavioral/Mental Health \_\_\_\_ DHS Placement \_\_\_\_ ESL

**Allergies** \_\_\_\_\_

**Asthma (If asthma, please specify medication-a treatment plan must be signed along with a medication log)**

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