

ARIMAW PRODUCTIONS CAMP APPLICATION FORM:

Child's name _____ M F Age _____ Grade _____
Birth Date _____ Home Phone (_____) _____
Address _____ City _____ Zip _____ - _____
School _____ Email _____

Mother's name _____
Father's name _____
Mother's work phone _____
Father's work phone _____
Mother's email _____
Father's email _____

PLEASE PRINT LEGIBLY - U SE ONE FORM PER CHILD
INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO.: _____
Policy number: _____

FAMILY DOCTOR: _____
Address: _____

Phone: _____
HEALTH RECORD (circle if applicable or allergic)

Ear Infections Poison oak Rheumatic Fever
Diabetes Insect stings Convulsions Penicillin
Hay Fever Behavioral Problems
other: _____

Description of any camp activities from which the camper should be
exempted for health reasons: _____

Past Medical Treatment:

Allergies / Dietary Restrictions:

Immunization Dates: _____
Tetanus immun. date: _____
Current Medications: _____

Description of any current physical, mental, or psychological conditions requiring
medication, treatment or special restrictions or consideration while at camp:

EMERGENCY INFORMATION
Authorized persons, other than parents, to be called in case of an
emergency:
Name Phone Relationship

(TO BE SUBMITTED WITH APPLICATION FORM)

NAME OF CAMPER: _____

NAME OF PARENT: _____

CIRCLE THE CAMP YOU ARE APPLYING FOR:

MAGIC CAMP - June 21 - 25

KID'S TV - June 28 - July 2

PROJECT RUNWAY - July 6 – 9

SCIENCE MAGIC - July 12 - 16

HARRY POTTER - July 19 - 23

TOY MAKING/WONDER EMPORIUM - July 26 - 30

CLAYMATION - Aug 2 - 6

STAR WARS - Aug 9 - 13

AVATAR - Aug 16 – 20

CIRCUS CAMP - Aug 23 - 27

MAGIC - Aug 30 - Sept

Each camp requires a \$30.00 deposit. I understand that all deposits are non-refundable and or non-transferable. I also understand that all camp balances are due no later than one week prior to each week of camp. I have read and agree with all the above statements. Absolutely no refunds will be given unless a two week notice of cancellation has been submitted to the childcare/camp office.

Parents Signature

Please bring form back or mail form with payment to:
The Magic Bug
415 Parkway Plaza
El Cajon, CA, 92020