

Wild Ginger Children’s Registration Form (one per child)

Name: _____ Magical Name: _____

Parent name: _____

Date of Birth: _____ Age: _____

Medical Information: Please inform us of any medical issues, including allergies, if any:

Food Restrictions/Preferences:

Likes and Interests:

“I Can” (developmental milestone) statements (ie: I can tie my shoes, go potty by myself, speak another language (sign included), etc):

I can _____

I can _____

I can _____

I can _____

I can _____

Feel free to add more on reverse of page.

Using Childcare:

I plan to use childcare at camp (check all that apply):

___ Whenever available ___ During ritual ___ During Path ___ Not at all

___ Not sure/would like to keep options open

Note: This will not determine how much you are limited or obligated to use childcare. It is intended to facilitate the coordination of childcare at camp

Any Additional Information:
