

Camp COPE Registration Form 2018

Child's Name: _____
Date of Birth: _____
Gender Identification: _____
Preferred Name (If different from above): _____
Current Age: _____
Age as of June 1, 2018: _____
School Name: _____
Grade Completed by May/June 2018: _____
Parent/Guardian Address: _____
City: _____
State: _____
Zip: _____
Phone (Home): _____
Phone (Work): _____
Phone (Cell): _____
Email: _____
Parent/ Guardian 1 Name: _____
Relationship to Child: _____
Relationship to deceased/incarcerated: _____
Parent/ Guardian 2 Name: _____
Relationship to Child: _____
Relationship to deceased/incarcerated: _____
Emergency Contact Name: _____
Phone Number: _____

Type of Loss Experienced:

Physical or Learning Accommodations:
