



ELCA Neighborhood Camp
 Emaus ELCA
 1925 Summit Avenue
 Racine, WI 53404
 Phone 262-634-5515

Name _____

Address _____

Street

City

Zip Code

Cell Phone (Mother): _____ Cell Phone (Father): _____

Date of Birth _____ Age _____ Gender: _____ M _____ F

School _____ Grade (September 2026) _____

Home Church _____ Baptized: Yes _____ No _____

Parent(s)/Guardian(s):

Mother _____

Name

Work Phone

Father _____

Name

Work Phone

Please list the names and phone numbers of three people who are authorized to pick up your child in case of emergency or sickness.

Name _____ Phone _____

Relationship

Name _____ Phone _____

Relationship

Name _____ Phone _____

Relationship

To help us plan our program, please tell us more about your child. (Include allergies, special needs, current medications, dietary restrictions)

Please answer the questions below. This is confidential information used only for grant writing.

1. Does this camper receive free or reduced lunch at school? _____ Yes _____ No

2. Ethnicity: _____ Caucasian _____ African-American _____ Hispanic _____ Asian _____ Other

Parent/Guardian Signature _____ Date _____