

UrbanPromise Wilmington

CAMP REGISTRATION

1000 E 28TH ST. WILMINGTON, DE 19802
 PH: 302-425-5502 FAX: 302-425-3326

CHOOSE YOUR CAMP LOCATION

UrbanPromise camps are intended for children who live in the immediate community surrounding each camp. Please select the camp that is located within the geographic area of your home address.

1st-6th Grade	
Camp Freedom - serving 19802 1000 E 28th St. (UrbanPromise headquarters) <input type="checkbox"/>	Camp Victory - serving 19801 (Eastside) 800 N Walnut St (Ezion Mt Carmel) <input type="checkbox"/>
Camp Hope - serving 19801 (Southbridge) 455 Townsend St. (Mount Joy UM Church) <input type="checkbox"/>	Camp Promise - serving 19805 800 N Walnut St (Ezion Mt Carmel) <input type="checkbox"/>
7th-8th Grade	
Camp Harmony - serving entire city TBD <input type="checkbox"/>	

Registration Information		
(1) Child's Name: _____	Age: _____	Birthday: _____
School: _____		Grade entering: _____
Home Address: _____		
Medical considerations: _____	Allergies (Food and/or Medication): _____	
Disabilities and/or IEP: _____	Court/Legal Matters: _____	
<i>Please Circle the following:</i>		
Gender:	Male	Female
Race:	American Indian or Alaska Native	White
	Native Hawaiian or other Pacific Islander	Black or African American
	Asian	Other Race
		Non Disclosed
Ethnicity:	Hispanic	Latino Not Hispanic
		Latino Not Disclosed
Does your household receive WIC or SNAP:	Yes	No
		Prefer to not say

Contact Information	
Name of Parent/Guardian: _____	Relationship: _____
Parent Email: _____	Cell Phone: _____
Work Phone: _____	
Emergency Contact (<i>other than parent</i>): _____	
Relationship to Child(ren): _____	Home/Cell Phone: _____

I'm interested in more information about other UrbanPromise programs (check all that apply):

- Elementary School
 Academy (High School)
 Sports Program
 StreetLeader (teen job training)
 UrbanTrekks

Additional Children (living at the same address who will be attending camp)			
(2) Child's Name: _____	Age: _____	Birthdate: _____	School: _____
Medical considerations: Allergies (Food and/or Medication):		Grade entering: _____	
Disabilities and/or IEP:		Court/Legal Matters:	
<i>Please Circle the following:</i>			
Gender: Male Female			
Race: American Indian or Alaska Native		White Black or African American	
Native Hawaiian or other Pacific Islander.		Asian Other Race Non Disclosed	
Ethnicity: Hispanic or Latino		Not Hispanic or Latino Not Disclosed	
(3) Child's Name: _____	Age: _____	Birthdate: _____	School: _____
Medical considerations: Allergies (Food and/or Medication):		Grade entering: _____	
Disabilities and/or IEP:		Court/Legal Matters:	
<i>Please Circle the following:</i>			
Gender: Male Female			
Race: American Indian or Alaska Native		White Black or African American	
Native Hawaiian or other Pacific Islander		Asian Other Race Non Disclosed	
Ethnicity: Hispanic or Latino		Not Hispanic or Latino Not Disclosed	

My child(ren) will: _____ **walk home alone from camp**
 _____ **be picked up by** _____

Please read and sign below:

I have read the Information and Regulations sheet and agree to uphold and support the standards, rules and guidelines as outlined by UrbanPromise.

My home address meets the eligibility requirements for my chosen camp location.

I understand that my child will not be allowed to walk home from camp unless indicated above, and will only be able to be picked up by those listed above. Any changes must be communicated to the director.

I understand any changes to the information above must be communicated to the director (i.e. change in phone number, address, pick up information, etc).

Parent/Guardian signature: _____ Date: _____