

# Cayce Character Camp Application

## 2026

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at Camp Start: \_\_\_\_\_

Grade (upcoming year): \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip code: \_\_\_\_\_

### T-Shirt Size

Youth					Adult				
XS	S	M	L	XL	XS	S	M	L	2X

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### PARENT / GUARDIAN INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_ Parent/Guardian #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### AUTHORIZED PICK-UP LIST

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Anyone **NOT** authorized to pick up your child: \_\_\_\_\_

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### MEDICAL INFORMATION:

Allergies (Food, Medication, Environment, etc.): \_\_\_\_\_

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Medical Conditions / Special Needs: \_\_\_\_\_  
\_\_\_\_\_

Current Medication (include dosage and times taken): \_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

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**BEHAVIOR AND SUPPORT INFORMATION**

To help us provide the best experience, please share anything we should know (behavioral needs, learning differences, triggers, strategies that work well, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAMP EXPERIENCE**

Has your child attended before?                      No              Yes                      If yes, When? \_\_\_\_\_

What is your child most excited about? \_\_\_\_\_

Anything your child is nervous about? \_\_\_\_\_

**PAYMENT INFORMATION:**

Price: \$90 per child; \$10 off of second child

\*Scholarships may be available to help with partial or full payment\*

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**Parent / Guardian Consent**

I certify that the information provided is accurate and complete. I understand that submission of this application does not guarantee acceptance. I agree to follow all camp policies and provide updated information if anything changes prior to camp.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Accepted: [ ] Yes [ ] No

Notes: \_\_\_\_\_