

# UrbanPromise Wilmington

2401 THATCHER ST. WILMINGTON, DE 19802  
 PH: 302-425-5502 FAX: 302-425-3326

## Camp Registration: 1st-6th Grade

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.		
<b>Camp Freedom</b> - serving 19802 2401 Thatcher St. (UrbanPromise headquarters) <input type="checkbox"/>	<b>Camp Victory</b> - serving 19801 (Eastside) 800 N Walnut St (Ezion Mt Carmel) <input type="checkbox"/>	
<b>Camp Hope</b> - serving 19801 (Southbridge) 455 Townsend St. (Mount Joy UM Church) <input type="checkbox"/>	<b>Camp Promise</b> - serving 19805 1411 W 4th St. (Be Ready Jesus is Coming) <input type="checkbox"/>	
Registration Information		
(1) <b>Child's Name:</b> _____	Age: _____	Birthday: _____
	School: _____	Grade entering: _____
Home Address: _____		
Home Phone: _____		
Medical considerations:	Allergies (Food and/or Medication):	
Disabilities and/or IEP:	Court/Legal Matters:	
<i>Please Circle the following:</i>		
Gender:	Male	Female      Non Disclosed
Race:	American Indian or Alaska Native	White      Black or African American
	Native Hawaiian or other Pacific Islander	Asian      Other Race      Non Disclosed
Ethnicity:	Hispanic	Latino Not Hispanic      Latino Not Disclosed
Program Season:	Summer Camp	Afterschool Program      Both
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) <b>Child's Name:</b> _____	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.    Non Disclosed			
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) <b>Child's Name:</b> _____	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    Non Disclosed			
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: \_\_\_\_\_