



**SIDEWALK UNIVERSITY**  
 ENRICHING THE MINDS OF TOMORROW'S LEADERS



1737-39 Springfield Avenue, Maplewood NJ, 07040

Call: 973-761-8761 or 973-373-9551 [www.sidewalkuniversitycampus.org](http://www.sidewalkuniversitycampus.org)

## Sidewalk University 2011 Summer Camp Application

### Camper Applicant Information

Name:		Camp Section:
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP:

### Parent Emergency Contact Information

Parent or Guardian:		
Home Address:		Relationship:
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Employer:		
Employer Address:		Phone:
Phone Cell:	E-mail:	Fax:
City:	State:	ZIP:

### Additional Parent Emergency Contact Information

Parent or Guardian:		
Home Address:		Relationship:
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Employer:		
Employer Address:		Phone:

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Phone Cell:	E-mail:	Fax:
City:	State:	ZIP:
Signature of Parent or Guardian:		Date:

## PERSONAL HEALTH HISTORY

**Childhood Illness:**       Measles     Mumps     Rubella     Chickenpox     Rheumatic Fever     Polio

**Immunizations and Dates:**

<input type="checkbox"/> Tetanus _____	<input type="checkbox"/> Pneumonia _____
<input type="checkbox"/> Hepatitis _____	<input type="checkbox"/> Chickenpox _____
<input type="checkbox"/> Influenza _____	<input type="checkbox"/> MMR _____

*Measles, Mumps, Rubella*

**List Any Medical Problems That Doctors Have Diagnosed Such As: ADHD, Epilepsy, HIV**


**List Your Prescribed Drugs and Over-the-Counter Drugs, Such as Vitamins and Inhalers:**

Name the Drug	Strength	Frequency Taken
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**Allergies to Medications:**

Name the Drug	Reaction You Had
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