

FOR CAMPER, TEEN, VOLUNTEER & TEACHER SAFETY —  
EVERYONE at Camp MUST fill out & submit form by May 31<sup>st</sup>.

2024 MI PUEBLO DAY CAMP  
**CAMPER/TEEN PROGRAM/VOLUNTEER/TEACHER  
INFORMATION FORM**

*It is critical for the operation of Camp and the smooth running of the classrooms that this form be completed and returned immediately.*

*You may include all family members on the same form.*

**NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL, AND WILL ONLY BE MADE AVAILABLE TO THOSE WHO NEED TO KNOW SPECIFIC INFORMATION. PERSONAL HEALTH INFORMATION MAY BE SENT SEPARATELY TO: [peg.leroy@yahoo.com](mailto:peg.leroy@yahoo.com)**

Please fill in the requested information **AS BEST AS YOU CAN AT THIS TIME** for **Campers** (ages 2.5 and up through 9<sup>th</sup> graders), **Teens in the Teen Program** (all teens going into 10<sup>th</sup> grade in fall of 2024; plus teens going into 11<sup>th</sup> & 12<sup>th</sup> grade, and 2024 grads, who choose to participate in the Teen Program), and **Adult/Teen Volunteers/Teachers**, and **MAIL IT** to: **Mi Pueblo, 2714 Leighton Road, Shaker Heights, Ohio 44120, OR E-MAIL to [GruberWL@aol.com](mailto:GruberWL@aol.com)**.

**PLEASE PRINT NAMES:**

Family Name(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_

Volunteer/teacher (3) \_\_\_\_\_ Check One: Teen \_\_\_ Adult \_\_\_

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**EVERYONE: Provide contact information for Camp week.** If your address and telephone number *during the week of Camp* will be different from the one listed on your registration form please list your Camp address below if you know it now.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If you have a CAMPER(S), or a minor TEEN(S), and no adult in your family will be at Camp,** provide a parent or guardian or other person to contact locally, and a phone number and email address to contact this person(s):

Name: \_\_\_\_\_ Relationship to Camper/Teen: \_\_\_\_\_

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

**EVERYONE - Provide a contact in case of emergency:** Everyone, including volunteers, should list *someone not at Camp* to contact in case of an emergency.

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Describe any special needs any CAMPER has for behavior and/or learning:** NOTE: PLEASE PROVIDE ANY IEP FOR SCHOOL FOR ANY OF YOUR CAMPERS, AND A DESCRIPTION OF ANY ISSUES OF WHICH THE CAMP SHOULD BE AWARE BY SENDING AN EMAIL TO [peg.leroy@yahoo.com](mailto:peg.leroy@yahoo.com).

Camper: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Camper: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Describe any special CAMPER needs or limitations (e.g. meds, participation in games, dance, etc.):

Camper: \_\_\_\_\_ Special Needs: \_\_\_\_\_

Camper: \_\_\_\_\_ Special Needs: \_\_\_\_\_

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Describe special MEAL/FOOD needs or restrictions of any CAMPER / TEEN / VOLUNTEER / TEACHER:

Camper/Volunteer/Teacher: \_\_\_\_\_ Restriction/Need: \_\_\_\_\_

Camper/Volunteer/Teacher: \_\_\_\_\_ Restriction/Need: \_\_\_\_\_

Describe any CAMPER/TEEN/VOLUNTEER/TEACHER allergies:

Camper/Volunteer/Teacher: \_\_\_\_\_ Allergies: \_\_\_\_\_

Camper/Volunteer/Teacher: \_\_\_\_\_ Allergies: \_\_\_\_\_

Does any Camper/Teen carry an Epi-Pen? Yes \_\_\_ No \_\_\_

If yes, name(s): \_\_\_\_\_

Medical Waiver: I authorize the staff of Mi Pueblo, including the Camp nurse, to carry out any minor treatment deemed necessary for the well-being of my minor child.

Signature: \_\_\_\_\_

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

Are you **medically trained** and/or certified in **Cardio Pulmonary Resuscitation**?  
yes \_\_\_ Expiration \_\_\_\_\_

**RELEASE: Please read and sign this statement and mail by May 31<sup>st</sup>.**

I am a volunteer or teacher, and/or I am the parent/legal guardian of the child(ren)/minors listed above, and I agree to participate and/or give my permission for my minor child(ren) to participate in the Concern for Children (CFC) Culture Camp, *Mi Pueblo*. I agree that CFC and Forest Hill Church, their members, volunteers, employees and independent contractors shall not be held liable or responsible for any accidents or losses, however caused, and agree to release all parties involved from any claim, lawsuit, or damages which may arise out of any such accident or loss. ***I also give permission for my child(ren) and me (if I volunteer or teach) to be photographed by the Camp or media.***

Signature of parent or guardian

Date

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FORM TO: Mi Pueblo, 2714 Leighton Road, Shaker Heights, Ohio 44120. OR E-MAIL TO [GruberWL@aol.com](mailto:GruberWL@aol.com)

**BE SURE YOU FILLED IN BOTH SIDES OF BOTH FORMS !!!! Submit by May 31<sup>st</sup>!**