



COA YOUTH & FAMILY CENTERS
FAMILY CAMP REGISTRATION FORM
CAMP HELEN BRACHMAN
Open-Up Camp Family Weekend
Friday, April 27th – Sunday, April 29th, 2018

SECTION I: PARENT/GUARDIAN CAMPER INFORMATION

Parent/Guardian attending: _____
First Name Last Name

Parent/Guardian attending: _____
First Name Last Name

Address: _____
Street City State Zip

Home Phone: _____ Work phone: _____ Cell Phone: _____

Email: _____ Occupation/Employer: _____

Have you or your child attended Camp Helen Brachman before? Yes If yes, please specify the year _____ No

Cabin request? _____ Are you willing to bunk with another family? Yes No
(Name of cabin/housing space) (Names of other families if known)

SECTION II: FAMILY MEMBERS and DEMOGRAPHIC (This information is required by United Way for COA to receive much needed support for our programs. Please help us by filling in the appropriate information to the best of your ability.)

Ethnicity: Please check all that may apply for each family member:

Parent:/Guardian: _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

Parent:/Guardian: _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

1st Child's Name: _____ **Age:** _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

2nd Child's Name: _____ **Age:** _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

3rd Child's Name: _____ **Age:** _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

4th Child's Name: _____ **Age:** _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

5th Child's Name: _____ **Age:** _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

6th Child's Name: _____ **Age:** _____
African American/Black Asian Caucasian/White Hispanic/Latino Middle Eastern Multi-racial
Native American Native Hawaiian/Pacific Islander Other (Please specify) _____

Registration Deadline: Friday, April 13th, 2018

