

Horizons Health Profile

Gather this information so you can complete the online form.

Child's name: _____

Date of Birth (MM/DD/YYYY): _____ Grade Entering in Fall: _____

Mother/father/guardian name: _____ Daytime/cell phone: _____

Mother/father/guardian name: _____ Daytime/cell phone: _____

Emergency contact: _____ Daytime/cell phone: _____

List the people authorized to pick up your child (must be at least 16 years old & provide picture ID):

List any allergies including bee stings, hives, asthma, food, medication* and any additional concerns. Enter N/A if not applicable:

*If child takes medication during camp hours, you must complete a medication authorization form. See phone numbers below.

List any documented disabilities or special needs** your child may have. Enter N/A if not applicable:

***If you will be requesting reasonable accommodations, you must contact Horizons for Youth (numbers listed below) by May 9, 2025 or 2 weeks prior to the start of class if you are registering after May 9, 2025. You will be required to provide acceptable documentation of the disability and complete an information form. If your child will be accompanied by an adult to classes and/or camp, you are responsible to provide all necessary documentation and clearances for the aide.*

Pictures may be taken during classroom activities, by the instructor, NCC, or the media; which could be used on our web site, in our program booklet or by the media to market the horizons for youth program. Check no below, if you do not want your child photographed.

No (By not checking No you are authorizing NCC to use your child's photo)

Parent/Guardian Signature: _____ Date: _____

QUESTIONS?

Need a medication form or disability accommodations? Call us or visit www.northampton.edu/poconosummeryouth

Pocono: **570-369-1881** or fax **570-369-1857**

Check out our FAQ's for important information you will need before classes start, www.northampton.edu/poconosummeryouth