|  |
| --- |
| Camden City Indpendent Living Center |

**Event Registration Form**

For consumer's only! You must be a person with a disability

residing in Camden City.

CONTACT INFO

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | |
| Address: | |  | | | Apt #: |  | |
| City: | |  | State: |  | | Zip Code: |  |
| Home #: | |  | | Cell #: |  | | |
| Email: |  | | | | | | |

Program of Interest:

|  |  |
| --- | --- |
| **Children’s Programs** | **Life Skills** |
| Joys of Toys for Rae’s Kids | Zoom Training |
| Pajama and Book Giveaway | Drivers Education |
| Pencil Project | Money Management |
| Spring and Summer Bag Program | Road to Recovery Program |
|  |  |
| **Covid-19 Services** | **Turkey Palooza/CARES ACT 11.13.21** |
| Masks | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clothing (Pajamas) |  |
| Food Pantry; Have you participated in our food pantry in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |

HOUSEHOLD INFO: This section is used for children’s programs, skip if it is not applicable.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | Age | D.O.B | Grade | Clothe Sizes | Boy or Girl | Notes |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Do you have custody of the children listed above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Information

Register by phone: 856-966-0800

Register by email: [camdenilcevents@gmail.com](mailto:camdenilcevents@gmail.com)

Register on our website: camdenilc.org

Person completing the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------Office Use Only----------------------------------

Registration Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_