



C.A.K.E. Summer Camp 2026 Registration Forms

Please submit all completed documents and payments to MoCo Arts at 40 Roxbury St., Keene, NH 03431, or email them to info@moco.org. All forms must be completed, and the C.A.K.E. deposit must be submitted before class schedules can be approved.

Week(s) you are registering for: Week 1 Week 2 Week 3 Week 4

Part 1: Participant Information

Camper Name _____ Nickname: _____

DOB: _____ Grade in School (as of 9/1/26): _____ Preferred Pronouns: _____

Part 2: Basic Health Form

General Health History

Has the camper:

- | | |
|---------------------------------|--|
| Been recently hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had recent surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had asthma/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Mental, Emotional, Social Health

- | | |
|---|--|
| Ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a significant life event that continues to affect the camper's life?
<i>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Anything else we should know? *Attach additional information if needed.*

Are we allowed to give your child common medications such as Acetaminophen, Ibuprofen, etc.? Yes No

Transforming Lives Through Movement and Creative Expression

MoCo Arts | 40 Roxbury Street, Keene NH 03431 | info@moco.org | (603) 357 - 2100 | moco.org



Part 3: C.A.K.E. Individual Recreation Profile

Thank you for taking the time to fill out this form. By doing so, you will allow us to better serve your child.

T-shirt size: Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult 2XL

Top 3 Favorite Activities:

- 1.
- 2.
- 3.

What activities or experiences might prevent your child from being successful at camp?

What tools are helpful for your camper to transition from one activity to another?

The following describes this camper’s relationship with peers: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Works and plays well with others | <input type="checkbox"/> Wants to make friends, but difficulty with relationships |
| <input type="checkbox"/> Has difficulty getting along with others | <input type="checkbox"/> Interacts best with children who are younger |
| <input type="checkbox"/> Interacts best with children the same age | <input type="checkbox"/> Interacts best with older children |
| <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Establishes relationships slowly & cautiously |
| <input type="checkbox"/> Establishes relationships easily | <input type="checkbox"/> Prefers to spend time with adults |

Are there any family circumstances that would help us better understand and serve your child?

Are there any specific accommodation needs that would allow your student to thrive in a camp environment?

Additional comments:



Part 4: C.A.K.E. Camper Release Form

Pick-up Release

This is to give permission for us to release your camper to a designated adult (18+ years old) other than parents/guardians listed on camper registration. Adult must have photo ID on hand.

Name of person: _____ Relationship to child: _____

Walking/Biking

My child has permission to leave camp by walking or biking

Yes No

Permissions

My child has permission to:

Wear a temporary tattoo, face paint, or stage make-up

Yes No

Wear sun screen provided by the facility

Yes No

Walk from site to site with C.A.K.E. staff

Yes No

Participate in off-site activities (when applicable) with C.A.K.E. staff

Yes No

Parent/Guardian Signature: _____ Date: _____

How did you learn about MoCo Arts? _____

Would you like to support C.A.K.E.? Scan our wish list below.



Items may vary based on our current needs.

Would you like to support MoCo Arts? Scan our code below.



Your support makes a lasting impact on arts education!

MoCo Arts is a 501c3 non-profit organization.
All gifts are tax deductible to the full extent allowed by law. MoCo Arts' Tax I.D. is: 02-0514391.