



Application Checklist

This checklist must be completed for **EACH** child that is attending camp. Please check off each form as it is completed and signed by the appropriate person. Return this checklist and **ALL COMPLETED AND SIGNED** forms for **each** child applying to attend camp. These forms must be returned by July 3, 2026. Your child will not be placed on the camp list until all forms are completed and received. There is often a waiting list, so get your forms turned in early to make sure your child gets a place in the camp.

Child's Name: _____

- Camper Information Form (to be completed by camper)
- Parent Consent Form (must be signed by parent/guardian)
- Camper Health Form (to be completed by parent/guardian)
- MD Health Form (must be completed and signed by physician)
- Behavior Expectations of Campers (must be signed by parent and camper)

Please return this checklist and all completed forms for each camper applying for camp to:

Camp Sunshine Dreams Registration	<i><u>OR</u></i>	Camp Sunshine Dreams
Valley Children's Hospital		PO Box 28232
Oncology Clinic – FC13		Fresno, CA 93729-8232
9300 Valley Children's Place		
Madera, CA 93636		

ALL COMPLETED FORMS MUST BE RECEIVED BY JULY 3, 2026