Registration

Send this registration form via email to healthcamp@calvin.edu or postal mail to:
Calvin University Department of Nursing
3201 Burton St. SE
Grand Rapids, MI 49506-4403

OR

Scan the QR code below or visit https://calvin.edu/offices-services/camps/health/index.html to register online or make a donation to sponsor a camper.

About H.E.A.L.T.H. Camp

This summer at H.E.A.L.T.H. (Health Education And Leadership Training For a Hopeful Future) Camp, campers will:

- Learn about exercise in the Calvin sports complex
- Use microscopes to see human cells
- Make healthy snacks
- Do hands-on activities at the Calvin Health Services Unit
- Learn about cool jobs in the medical field, like nursing, speech therapy, occupational therapy, medicine and social work

Location

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Contact

healthcamp@calvin.edu

Social Media
@calvinhealthcamp

GIRLS AGES 9 - 15
BOYS AGES 12 - 17
How do you know if H.EAL.T.H. Camp is right for your child?
H.EAL.T.H. Camp is for youth who want to discover more about their health and jobs in health care. If this is your child, APPLY TODAY!

When is H.EAL.T.H. Camp?
GIRLS Camp (2 weeks, 9am - 3pm)
June 17 - 21 (ages 9 - 11)
June 24 - 28 (ages 12 - 15)

BOYS Camp (1 week, 9am - 3pm)
June 24 - 28 (ages 12 - 17)

Where is H.EAL.T.H. Camp?
On the campus of Calvin University where your child will get to meet our professors and students, and experience our world-class facilities.

What is the cost to attend H.EAL.T.H. Camp?
It's FREE! But the camp is possible only through donations and funding from individuals and foundations. Please consider donating towards H.EAL.T.H. Camp to sponsor a child. Scan the QR code under Registration to donate.

REGISTRATION FORM (GIRLS)

CAMPER INFORMATION
Name ____________________________
Address__________________________
City ____________________________
State __________ Zip ____________
Date of Birth (DD/MM/YY) __________
School Name ____________________________
Grade the camper will be entering in the Fall __________

Which week of H.EAL.T.H. Camp will the camper be attending? (please select)
- June 17 - 21, 2024 (ages 9 - 11)
- June 24 - 28, 2024 (ages 12 - 15)

Adult T-shirt Size: XS S M L XL (please circle)

PARENT/GUARDIAN INFORMATION
Name ____________________________
Address__________________________
City ____________________________
State __________ Zip ____________
Phone number ____________________________
Email address ____________________________
Signature ____________________________
How did you hear about H.EAL.T.H. Camp?

Will you be able to transport your child to and from the camp? YES NO
Has your child attended H.EAL.T.H. Camp in the past? __________

Please list any medical or food allergies.

Any other questions or concerns:

REGISTRATION FORM (BOYS)

CAMPER INFORMATION
Name ____________________________
Address__________________________
City ____________________________
State __________ Zip ____________
Date of Birth (DD/MM/YY) __________
School Name ____________________________
Grade the camper will be entering in the Fall __________

Which week of H.EAL.T.H. Camp will the camper be attending? (please select)
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