

Summer Day Camp Registration Form

Child Information

- Full Name: _____
 - Date of Birth (DD/MM/YYYY): _____
 - Age: _____
 - Gender: _____
-

Parent/Guardian Information

- Full Name: _____
 - Relationship to Child: _____
 - Phone Number: _____
 - Email Address: _____
 - Home Address: _____
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Emergency Contact (Different from above)

- Full Name: _____
 - Relationship: _____
 - Phone Number: _____
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Medical Information

- Health Card Number: _____
 - Allergies (food, medication, etc.): _____

 - Medical Conditions: _____

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- Medications (if any): _____

Camp Details

- Week(s) Attending (check all that apply):
 Week 1-July 13-17: Gr.4-7 Week 2-July 20-24: Gr.1-3 Week 3-July 27-31:
Gr.4-7 Week 4-August 10-14: Gr.1-3 Week 5-August 17-21: Gr. 4-7 Week 6-
August 24-28: Gr.1-3

*You can sign up for a maximum of 2 sessions and then if there is room in the remaining sessions you can join the waitlist and will be notified if space is available

Permissions

- I give permission for my child to participate in all camp activities.
- I consent to photos/videos being taken for promotional use.
- I authorize staff to seek medical treatment in case of emergency.

Pickup Authorization

List individuals authorized to pick up your child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Signature

I confirm that the information provided is accurate and complete.

- Parent/Guardian Name: _____

- Signature: _____

- Date: _____