



## Half Day & Full Day Summer Camp Registration Form 2024

### Child:

Last Name: \_\_\_\_\_ First Name: (Name to be Used) \_\_\_\_\_

Male/Female \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: (Month/Day/Year) \_\_\_\_\_

School Grade Fall 2024: \_\_\_\_\_ School Name: \_\_\_\_\_

### CAMP:

AM Camp \_\_\_\_\_ PM Camp \_\_\_\_\_ Full Day: \_\_\_\_\_

Extended Care: AM only \_\_\_\_\_ PM Only \_\_\_\_\_ Both AM + PM \_\_\_\_\_ Summer Tutoring after 3:30 pm \_\_\_\_\_

### Camp Options:

Camp Weeks: Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_ Week 3: \_\_\_\_\_ Week 4: \_\_\_\_\_  
(Please Checkmark) Week 5: \_\_\_\_\_ Week 6: \_\_\_\_\_ Week 7: \_\_\_\_\_ Week 8: \_\_\_\_\_

### Family Physician:

### Parent/Guardian:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Employment Address: \_\_\_\_\_

### Parent/Guardian:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Employment Address: \_\_\_\_\_

**Do Both Parents Have Access to the Child?**

**Yes**

**No**

(Court Orders Must Accompany Application)

**Do We Have Your Permission to Photograph Your Child?**

**Yes**

**No**

**EMERGENCY CONTACT INFORMATION: (Other than Parents)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Brothers, Sisters or Others living in the home that has permission to pick up your Child:**

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical History**

**Previous Illnesses (Please Checkmark any that your child has had)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Whooping cough | <input type="checkbox"/> Poliomyelitis                 |
| <input type="checkbox"/> Measles        | <input type="checkbox"/> Eczema         | <input type="checkbox"/> Reaction to Bites/Stings      |
| <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Rheumatic Fever               |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Mumps          | <input type="checkbox"/> Other (Please describe) _____ |
| <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Diphtheria     |  |

**Medical Conditions & History of Communicable Diseases:**

**Allergies:** \_\_\_\_\_ **Epi Pen Needed?** \_\_\_\_\_

**Other:** \_\_\_\_\_

Special Diet: (i.e. Diabetic, Foods which are non-permissible to due to Religious Reasons)

\_\_\_\_\_  
\_\_\_\_\_

Behaviour Issues: \_\_\_\_\_

Communicable Diseases: \_\_\_\_\_

**\*\*\*In the event of an emergency where an Ambulance is called and you or your Emergency Contacts are unable to arrive in time, a Camp Staff Member will accompany your child to the hospital.\*\*\***

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Date of Registration: \_\_\_\_\_ Fee Paid in Full \_\_\_\_\_ Camp Weeks: \_\_\_\_\_