

REGISTRATION FORM

WWW.CRAFTSANDLEARNINGCAMP.CA
CRAFTSANDLEARNINGCAMP@GMAIL.COM



Child's Information

Name :

Date of Birth:

Grade:

Gender:

Child's Medication Information

Health Card Number

Doctor's Name:

Doctor's Number:

Allergies/Special Needs/Any
Instructions:

Parent's Information:

Name :

Phone :

Email :

Address :

Parent

Name :

Phone :

Email :

Address :

Emergency

Name :

Phone :

Email :

Address :

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Week's Needed Pre Care + Post Care Needed

Please check mark the weeks needed and circle the pre and post card needed.

Week 1: Tuesday July 2nd – Friday July 5th	Pre Care Post Care Both
Week 2: Monday July 8th – Friday July 12th	Pre Care Post Care Both
Week 3: Monday July 15th – Friday July 19nd	Pre Care Post Care Both
Week 4: Monday July 22nd – Friday July 26th	Pre Care Post Care Both
Week 5: Monday July 29th – Friday August 2nd	Pre Care Post Care Both
Week 6: Tuesday Aug 6th – Friday August 9th	Pre Care Post Care Both
Week 7: Monday Aug 12th – Friday August 16th	Pre Care Post Care Both
Week 8: Monday Aug 19th – Friday August 23rd	Pre Care Post Care Both
Week 9: Monday Aug 26th – Friday August 30th	Pre Care Post Care Both
Total Number Of Full Weeks Needed:	Total Number of Pre Care Post Care Both Needed:

Please list the number of SINGULAR days needed beside the week, as well as the post and pre care needs.

Week One	<input type="text"/>
Week Two	<input type="text"/>
Week Three	<input type="text"/>
Week Four	<input type="text"/>
Week Five	<input type="text"/>
Week Six	<input type="text"/>
Week Seven	<input type="text"/>
Week Eight	<input type="text"/>
Week Nine	<input type="text"/>

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PHOTO RELEASE CONSENT: I hereby authorize crafts and learning camp to use my child's artwork, photography, film, or audio recording for current and future use in newsletter, website and advertisement. _____

MEDICAL TREATMENT CONSENT: I authorize crafts and learning camp to administer first aid to my child in an emergency as deemed appropriate and release their medical information to the attending physician/hospital.

OUTDOOR CONSENT : I authorize Crafts and learning camp to take my child on walking trips to the neighbourhood, picnic, parks.

LIABILTY FORM

I _____ parent of _____ agree that the choice to participate in some indoor and outdoor activities brings with it the assumptions of those risks and results, which are part of activities provided by crafts and learning camp.

I agree that crafts and learning camp shall not be held liable for any injury to my child's loss or damage to my child's personal property arising from, or in any way resulting from my child's participation in activities done at crafts and learning camp.

Name: _____

Signature: _____

Date: _____