



2019 Summer Camp Registration Form

Regina Mundi Centre

Camper Information

First Name	Last Name	
Birthdate (Y/M/D)	Age	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> __
Address		
City	Postal Code	
Phone Number		
Email Address		

Parent/Guardian 1

First Name	Last Name	
Address		
City	Postal Code	
Primary Phone	Alternate Phone	
Email Address		
Work Phone		

Parent/Guardian 2

First Name	Last Name	
Address		
City	Postal Code	
Primary Phone	Alternate Phone	
Email Address		
Work Phone		

Emergency Contacts

Provide two authorized people to pick up your child and/or be contacted in an emergency.

Emergency Contact 1

First Name	Last Name	
Primary Phone	Alternate Phone	

Emergency Contact 2

First Name	Last Name	
Primary Phone	Alternate Phone	

Health and Medical Information

Health Card #		
Allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>If yes, please specify:</i>

EPI Pen	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Has/is your child:

Been immunized as required by the Education Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Had recent operations/illnesses/injuries/diseases?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If yes, please specify:

Been diagnosed with any medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If yes, please specify:

Currently taking medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If yes, please specify:

Program Support

Has your child been diagnosed with Special or behavioural needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If yes, please specify:

Please list any additional information we should be aware of:

Friend Request

You can request that your child be placed in the same group as their friends if they are close in age. Counselors will do their best to accommodate requests, but it is not guaranteed.

Name(s)

OFFICE USE ONLY



Photo and Video Consent

PURPOSES: For marketing, advertising, promotional and/or communication purposes, JTK may, from time to time, take photographs and/or video recordings of JTK based activities or events that include real people, which photographs and video recordings will be placed in the JTK Photo Bank and which may be used, for its own promotional purposes.

By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the JTK for the Purposes, you are assigning to the JTK, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings.

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Signing this form acknowledges that you have read, understand and agree to the content outlined above .

Parent/Guardian Signature

Camp Leaders:
Christina Nishan (647)502-0557
Fadi Antoun (437)775-5113



JESUS THE KING
MELKITE CATHOLIC CHURCH

Payment Method

Debit E-transfer Cheque Cash

JTK Summer Camp Pre-Authorized Debit Agreement

Payment Method

Visa MasterCard AMEX

Name on Card

Card Number

CVV #

Signature of Account Holder

JTK Summer Camp E-Transfer

Please transfer your payment to office@jesustheking.ca

use the password: **JTKSummer**

JTK Summer Camp Cheque

Make Cheque payable to **Jesus The King Greek Melkite Catholic Church**

mail cheque to: **1 Lyndhurst Drive, Thornhill, On L3T6T5, Canada or**

Deliver it by hand to Christina Nishan or Fadi Antoun

JTK Summer Camp Cash

Christina Nishan or Fadi Antoun