



Creative Nest

Registration Form

Child Name: _____

Birthday (year/month/day): _____

Gender: _____

Address: _____

Phone: _____

Language spoken at home: _____

Summer Camp (9 am to 2:30 pm)

Please select the checkboxes corresponding to the weeks you want to register.

July 2, 3, 4, 5 -\$200

July 8, 9, 10, 11, 12 -\$250

July 15, 16, 17, 18, 19 -\$250

July 22, 23, 24, 25, 26-\$250

July 29, 30, 31, August 1, 2- \$250

August 6, 7, 8, 9 -\$200

August 12, 13, 14, 15, 16- \$250

August 19, 20, 21, 22, 23\$250

Please check the box if you need aftercare until 5 pm during the Camp week.

Aftercare 2:30 pm to 5 pm – Dismiss at Fort Langley Park + \$15 per Day



Parent/Guardian Information (Primary Contact)

Name: _____

Address: _____ (if different from child's)

Phone: _____

Email: _____

Parent/Guardian (Second Contact)

Name: _____

Address: _____ (if different from child's)

Phone: _____

Email: _____

Emergency Contact

Persons authorized to pick up the child or be contacted in an emergency.

I at this moment authorize the following people (Name, relationship, and phone number) to pick up my child at _____.

1. _____

2. _____

Persons NOT authorized to pick up the child. (Name and Relationship)

If applicable, please supply a copy of the Custody Order

1. _____

2. _____

Signature of Parent/Guardian _____ Date _____

Registration Fee



Creative Nest Academy holds a non-refundable application fee of \$25 to secure a camp spot.

Signature of Parent/Guardian _____ Date _____

Health



Child's Care Card # _____

Family Doctor's Name: _____

Phone Number: _____

Does your child have any allergies? Yes No

If yes, please specify:

Child's Immunization History

Please note: A copy of the up-to-date Immunization record is required before the first day

I confirm that my child's immunizations are up-to-date.

My child's immunizations are incomplete, but I plan to keep them up to date.

Please let us know if there are any other health conditions that Creative Nest Academy educators need to know about your child.

Signature of Parent/Guardian _____

Date _____