



**CAMP KINETIC
SUMMER CAMP PROGRAM**

Child

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age (as of June 30, 2021) _____
Street Address _____
Town/City _____ Postal code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ Prov ____ Postal Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ Prov ____ Postal code _____ Home Phone _____ Daytime phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Primary Doctor name _____
Doctor's Address _____
Doctor's Phone _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?



Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Oak Tree Childcare Centre will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please check mark the box that the camper will be attending:

July 5- 9 ~ \$300.00 July 12-16 ~ \$300 July 19-23 ~ \$300 July 26 – 30 ~ \$300 Aug 2 – 6 ~ \$300

Aug 9 – 13 ~ \$300 Aug 16-20 ~ \$300 Aug 23 – 27 ~ \$300 Aug 30 – Sept 3 ~ \$300

**A Late pick up charge of \$1.00 per minute will be applied after 5:30 pm.*

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Oak Tree Childcare Centre**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Oak Tree Childcare Centre.

Parent's/Guardian's Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official **Oak Tree Childcare Centre** activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials _____

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____