CAMP REGISTRATION

Ancaster Forest & Nature School | Ages 5-12

437 WILSON STREET EAST, ANCASTER | CAMP 9:00 AM-4:00 PM | EXTENDED CARE 8:00 AM-5:00 PM

CHILD AND FAMILY INFORMATION

CHILD'S FULL NAME | **DATE OF BIRTH** | **AGE**

SCHOOL | **GRADE IN 2026-2027**

PARENT/GUARDIAN NAME | **RELATIONSHIP TO CHILD**

EMAIL | **PRIMARY PHONE**

HOME ADDRESS

EMERGENCY CONTACT | **RELATIONSHIP** | **PHONE**

CAMP DATES - CHECK ALL THAT APPLY

Submitting this form does not guarantee a space. Registration is confirmed once availability and payment are confirmed.

PA DAY CAMPS

- ☐ Monday, October 26, 2026
- ☐ Friday, November 27, 2026
- ☐ Friday, January 22, 2027
- ☐ Friday, June 4, 2027

MARCH BREAK 2027

- ☐ Full week: March 15-19

SUMMER CAMP 2027 - WEEKLY SESSIONS

- ☐ July 5-9
- ☐ July 12-16
- ☐ July 19-23
- ☐ July 26-30
- ☐ August 3-6 (4 days)
- ☐ August 9-13
- ☐ August 16-20
- ☐ August 23-27
- ☐ August 30-September 3

EXTENDED CARE

- ☐ Morning care: 8:00-9:00 a.m. ($8/day)
- ☐ Afternoon care: 4:00-5:00 p.m. ($8/day)

IF EXTENDED CARE IS NEEDED ONLY ON CERTAIN DATES, LIST THEM HERE

FEES PA Days: $85/day | Extended care: $8 morning, $8 afternoon, or $15 for both
Week-long camps: $350 when registered by Oct. 31, 2026; $375 after Oct. 31, 2026

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HEALTH AND MEDICAL INFORMATION

Does your child have any allergies or dietary restrictions? ☐ Yes ☐ No

PLEASE DESCRIBE, INCLUDING SEVERITY AND REQUIRED RESPONSE

Does your child have any medical needs? ☐ Yes ☐ No

PLEASE DESCRIBE MEDICAL CONDITIONS, MEDICATIONS, ACCOMMODATIONS OR EMERGENCY PLANS

GETTING TO KNOW YOUR CHILD

IS THERE ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

Consider interests, strengths, communication, sensory needs, emotional regulation, fears, routines or helpful strategies.

GROUP PARTICIPATION AND SAFETY

This is an active outdoor group program. For everyone's safety, children need to remain with the group and respond to educator instructions, with any reasonable supports identified in advance. Please select the statement that best describes your child.

☐ My child can remain with the group and follow educator safety instructions.

☐ My child may need support to remain with the group or follow safety instructions.

☐ I would like to speak with the camp team before registration is confirmed.

PLEASE DESCRIBE ANY SUPPORT, TRIGGERS, ELOPEMENT CONCERNS OR STRATEGIES THAT HELP YOUR CHILD PARTICIPATE SAFELY

OUTDOOR PROGRAM ACKNOWLEDGEMENT

☐ I understand that this is primarily an outdoor program and that activities may include hiking, nature exploration, bushcraft, creative experiences and active play. Indoor space is available during inclement or extreme weather.

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FEES AND PAYMENT SUMMARY

PA Day Camps: $85 per day

March Break and Summer Camps: $350 per week when registered by October 31, 2026

March Break and Summer Camps: $375 per week after October 31, 2026

Extended care: $8 morning, $8 afternoon, or $15 for both (per day)

PA-DAY TOTAL	CAMP-WEEK TOTAL	EXTENDED-CARE TOTAL	TOTAL OWING

CANCELLATION AND REFUND POLICY

- Cancellation 60 days or more before the camp start date: full refund.
- Cancellation 30-59 days before the camp start date: 50% refund.
- Cancellation fewer than 30 days before the camp start date: no refund.

☐ I have read and agree to the cancellation and refund policy.

INFORMED CONSENT, ASSUMPTION OF RISK AND RELEASE

I understand that outdoor and nature-based camp activities involve inherent risks, including uneven terrain, slips and falls, weather exposure, insect bites or stings, contact with plants or wildlife, physical play, hiking, and supervised use of tools, or cooking equipment.

I understand that AFNS uses reasonable safety procedures and active supervision, but cannot eliminate every risk. On behalf of myself and my child, I voluntarily accept the inherent risks of participation. I agree that Ancaster Forest & Nature School, its owners, employees, educators, volunteers, landlords and agents are not responsible for injury, illness, loss or damage arising from participation in the program or from those inherent risks.

☐ I have read, understand and agree to the assumption-of-risk and release terms above.

☐ I confirm that I have disclosed information relevant to my child's health, behaviour and safe participation.

☐ I authorize AFNS staff to obtain emergency medical assistance for my child if I cannot be reached.

PARENT/GUARDIAN SIGN-OFF

PARENT/GUARDIAN FULL NAME	INITIALS

SIGNATURE	DATE