

Summer Camp 2010 Registration Form

CHILD

Last Name _____ First Name _____
Age: _____ Date of birth: _____ School and Grade: _____
Telephone # _____ Email address: _____
Address: _____ City _____ Postal Code _____

MOTHER

Last Name _____ First Name _____
Daytime Tel. #: _____ Evening #: _____
Cellphone #: _____ E-mail address: _____

FATHER

Last Name _____ First Name _____
Daytime Tel. #: _____ Evening #: _____
Cellphone #: _____ E-mail address: _____

Mother's or Father's address, if different from child's:

Address: _____ City _____ Postal Code _____

NAME TO BE PUT ON TAX RECEIPT: _____ **S.I.N.** _____

NAME & DAYTIME PHONE # TO CONTACT IN CASE OF EMERGENCY (other than parents)

Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____

PERSONS AUTHORIZED TO PICK UP CAMPER

Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____
Name _____ Daytime Phone # _____

EXTENDED HOURS

PLEASE CHECK AND SIGN ONE OF THE FOLLOWING OPTIONS:

My child **WILL NOT** be arriving before 8:50 am or staying after 4:00 pm.

Signature: _____ Date: _____

My child **WILL BE** attending the extended hours program. Please read and complete the remainder of the form. *(Please see last page for extended hours)*

1. EXTENDED HOURS ARE 8:00 AM TO 9:00 AM AND 4:00 PM TO 6:00PM.

All children registered in our extended hours program are carefully supervised by our camp staff. There will be daily activities for the children during these hours. Juice and a nutritious snack will be served.

2. THE COST OF OUR EXTENDED HOURS PROGRAMME IS \$5 PER CHILD

PER DAY. (For more details see Registration Information Sheet) Any child arriving before 8:50 am and any child present after 4:00 pm **must be registered** in the extended hours program. Extended hours fees are payable in advance along with the regular summer camp fees.

3. Signature: _____ Date: _____

Please indicate: mother father other (specify) _____

TRAVEL RELEASE

1. Do you consent to your child participating in planned outings? Yes No

2. The children will travel by STM bus/metro, rented travel bus, and/or by foot to planned activities. Bus and/or travel fares are supplied to all campers by summer camp.

3. I authorize Centre Greene Summer Day Camp to include my child in its planned outings and excursions. I understand my child will travel with his/her fellow campers under the supervision of the camp counselors.

Signature: _____ Date: _____

Please indicate: mother father other (specify) _____

PHOTO CONSENT

I give Centre Greene permission to display photos containing my child within the Centre.

Please indicate: Yes No

Signature: _____ Date: _____

Photos will not be used for internet, media or publication without parental consent.

MEDICAL INFORMATION: CONFIDENTIAL

Child's Name _____ Age: _____

Child's Birth date: _____

Day Month Year

MEDICARE NUMBER _____ **EXP. DATE** _____

Child's doctor _____

Doctor's Phone # _____

Preferred Hospital: _____

Emergency contact person _____ Daytime Phone # _____

HAS YOUR CHILD EVER EXPERIENCED ANY OF THE FOLLOWING?

- | | |
|--|---|
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Problems with eyesight |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Problems with hearing | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other: (Please specify:) _____ |

Behavior difficulties: (Please specify): _____

Allergies (food & medicine) specify _____

Take regular medication? Specify name(s) and dosage. _____

Who administers dosage (counselor, parent) ? _____

Any additional information?: _____

I AUTHORIZE CENTRE GREENE SUMMER DAY CAMP TO TAKE NECESSARY ACTION IN RELATION TO THE HEALTH OF MY CHILD IN THE CASE OF AN EMERGENCY.

Signature: _____ Date: _____

Please indicate: mother father other (specify) _____

