



## SUMMER CAMP REGISTRATION 2019

### A) Child's Information

Full name	<input type="text"/>	Date of Birth	<input type="text"/> /____/____	Age of Child	<input type="text"/>
Full Address	<input type="text"/>	Phone	(H) _____ (C) _____ (W) _____	Email	<input type="text"/>
Parent/Guardian Full Name	<input type="text"/>				

### B) Emergency Contact Information

1) Full Name	<input type="text"/>	2) Full Name	<input type="text"/>
Phone	(H) _____ (C) _____ (W) _____	Phone	(H) _____ (C) _____ (W) _____

### C) Authorized Pick up

Names and Contact #	<input type="text"/>
Secret Password	<input type="text"/>

PLEASE CHECK OFF THE DAYS/WEEKS YOUR CHILD WILL BE ATTENDING CAMP

WK #	Theme	Dates	Cost	Single Day					Half Day										\$5.00 Pizza Y/N	Cost of the Week	Staff Initial
				M	T	W	T	F	AM					PM							
									M	T	W	T	F	M	T	W	T	F			
1	All About Canada	July 8-12	\$190																		
2	Crazy Colours	July 15-19	\$190																		
3	Shark Week	July 22-26	\$190																		
4	Under the Big Top	Aug. 6-9	\$180																		
5	Nature Navigators	Aug. 12-16	\$190																		
6	Little Scientists	Aug. 19-23	\$190																		
<b>NOTES:</b>				<b>BEFORE/AFTER CARE \$10 PER DAY</b>																	
				<b>AM</b>																	
				<b>PM</b>																	

**Medical Information**

Allergies:

<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
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Special Health Considerations:

<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
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## GENERAL WAIVERS AND PERMISSIONS

Please initial each item and sign below.

- I give permission for my child to walk with staff to off-site locations for outdoor activities
- Photos: I give permission for my child's picture to be taken and used only for Kidtastic promotional purposes
- Medical/First Aid Treatment: I give permission to Kidtastic staff to handle any medical or first-aid treatment if required. In the event of a medical emergency, I agree that I will be called after Emergency services have been notified.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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Parent Name (please print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Any additional information:

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