

Lumby Summer Day Camp Registration Form 2017



Camper Name: _____
First Last

Date of Birth: ____/____/____ Age: ____ Gender: ____ Grade: ____
day month year (starting in September)

Mailing Address: _____

City/Province: _____ Postal Code: _____

Child lives with: Parents ____ Mother ____ Father ____ Guardian ____

Home Phone: _____ Cell Phone: _____

Email address: _____

Parent/Guardian #1: _____

Work Phone: _____ Place of Employment: _____

Parent/Guardian #2: _____

Work Phone: _____ Place of Employment: _____

Person(s) who will usually pick up your child: _____

Relationship to child: _____

Person(s) who CAN NOT access your child: _____

(MUST provide **Custody Order(s)** if any- REQUIRED by Licensing)

Day Type	Cost of 1 child	Additional children costs
Half Day	\$15	\$13
Regular Day	\$30	\$25
Trip Day	\$42	\$37
July*	\$485 (save \$160)	\$450 (save \$58 per child)
August*	\$465 (Save \$150)	\$435 (save \$50)
Full Summer*	\$925 (Save \$340)	\$875 (save \$120)

*No reimbursements for missed days in monthly packages

Emergency Contacts

(At least 1 is REQUIRED by Licensing)

(Friends or relatives who are **NOT** living in the same house as child)

1. Name: _____ Relationship to child: _____

Phone (home): _____ (cell/work): _____

2. Name: _____ Relationship to child: _____

Phone (home): _____ (cell/work): _____

3. Name: _____ Relationship to child: _____

Phone (home): _____ (cell/work): _____

I, _____,

Parent/Guardian Signature

give permission to the above mentioned adults to

assume responsibility for my child in the event of an emergency.

If your child is not picked up by 5:30pm, your emergency contact(s) will be called after if you have not been reached.

***Note: children 5 years of age MUST have attended Kindergarten in the 2015/2016 school year to attend Summer Day Camp**

Enrollment Date: _____

Withdrawal Date: _____

(completed by Administration)

Health History

Allergies _____

Are there any foods or beverages that may be provided at camp, (i.e. popcorn, freezies, candy, pizza, etc.) that your child is not allowed to consume? Yes _____ No _____

If yes, please list _____

Does your child have any special needs? Yes _____ No _____

If yes, please list _____

Doctor _____ Phone # _____

Care Card # _____

Special comments or instructions to staff members _____

Immunizations

Height:	
Weight:	
Eye Color:	
Hair Color:	
Identifying Marks:	

1. In case of an emergency, I hereby give permission to the staff of the Lumby Summer Day Camp to call a doctor or ambulance in the event of an accident or illness involving my child. I will be responsible for the costs.

Initials _____

2. I give my consent for my child to take part in field trips under the supervision by the Lumby Summer Day Camp staff, and to be transported by SD#22 school buses.

Initials _____

3. I give permission for my child to have his/her picture taken while participating in the Lumby Summer Day Camp activities. I understand that the picture may be used in the Lumby Summer Day Camp or WCRC publications, local newspapers (Lumby Valley Times, Cherryville News, Morning Star), on WCRC's website/Facebook page and/or emailed to camp parents/guardians.

Initials _____

4. I give permission for my child to go on local walking field trips under the supervision of the Lumby Summer Day Camp staff.

Initials _____

5. Lumby Summer Day Camp reserves the right to dismiss any camper for inappropriate conduct, at the discretion of the Lumby Summer Day Camp staff.

Initials _____

6. There are no refunds, neither are there carry-overs from previous or present camps.

Initials _____

7. My child's immunization is up to date, and if not, I understand that incase of an outbreak my child will not be permitted at the program until immunizations forms are brought in.

Initials _____

8. I understand that if I send my child with a lifejacket, he/she will wear it at all times in and around the water.

Initials _____

9. I give permission to the staff of Lumby Summer Day Camp to apply sunscreen to my child, whenever it is needed.

Initials _____

10. ***May not apply*** I give permission for my child to walk from our home to the Lumby Summer Day Camp location. I also give my child permission to walk home from the Lumby Summer Day Camp at the end of each day. I am fully aware that my child will not be under the care or supervision of the Lumby Summer Day Camp and its employees until he/she arrives at camp. I am also aware that he/she will not be under this care once he/she leaves the premises.

Initials _____

11. ***May not apply*** I give my child permission to walk from the Lumby Summer Day Camp location to the Lumby Swimming Pool for swimming lessons. I also give my child permission to walk back to J.W. Inglis from the Lumby Swimming Pool at the end of each swimming lesson day. I am fully aware that my child will not be under the care or supervision of the Lumby Summer Day Camp and its employees until he/she arrives at camp. I am also aware that he/she will not be under this care once he/she leaves the premises.

Initials _____

12. I have read all pages of the registration form and understand the above information. I have initialed all that I agree to. All information on this form is correct, to the best of my knowledge.

Initials _____

Parent/Guardian's Signature _____

Date _____



Child's photo HERE