

Lumby Summer Day Camp Registration Form 2019



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)

Emergency Contacts

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

***Required by Licensing**

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 2017/2018 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.

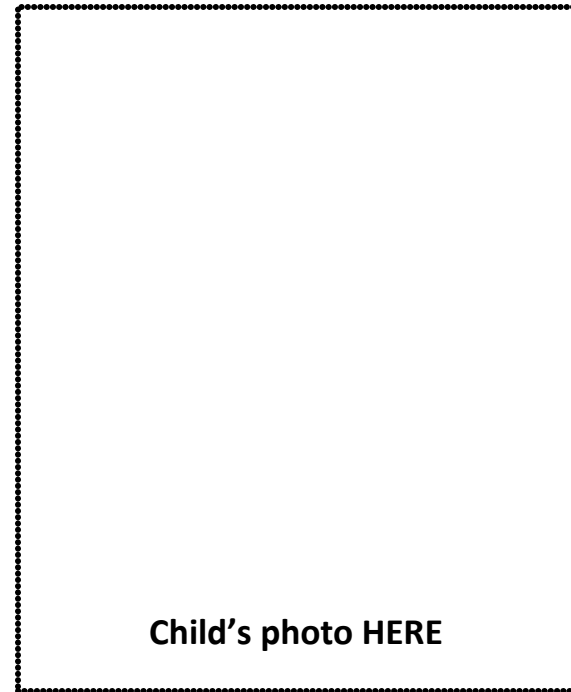
Initials _____

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

Or email photo to jadehamilton@whitevalley.ca

| Day Type | Cost of 1 child | Additional children costs |
|----------------------------------|--------------------|---------------------------|
| Half Day | \$17.50 | \$16 |
| Regular Day | \$33 | \$29 |
| Trip Day | \$45 | \$39 |
| July* 17 full days 5 trip days | \$620 (save \$165) | \$520 (save \$100) |
| August* 13 Full days 3 trip days | \$465 (Save \$100) | \$415 (save \$50) |
| Full Summer* | \$985 (Save \$365) | \$875 (save \$110) |

If not paying for the monthly option please email
the days your child will attend to
jadehamilton@whitevalley.ca

****Please note: This is a prepaid program. Your registration is not complete until payment has been received.***

**** NO REFUNDS will be provided for unused days unless it is for medical reasons, explained in a doctor's note or in the case of any unforeseen emergency out of our control, i.e. flooding, fire, earthquake, etc.**