



## 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Height:</b>	
<b>Weight:</b>	
<b>Eye Color:</b>	
<b>Hair Color:</b>	
<b>Identifying Marks:</b>	

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 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 and administration.

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.

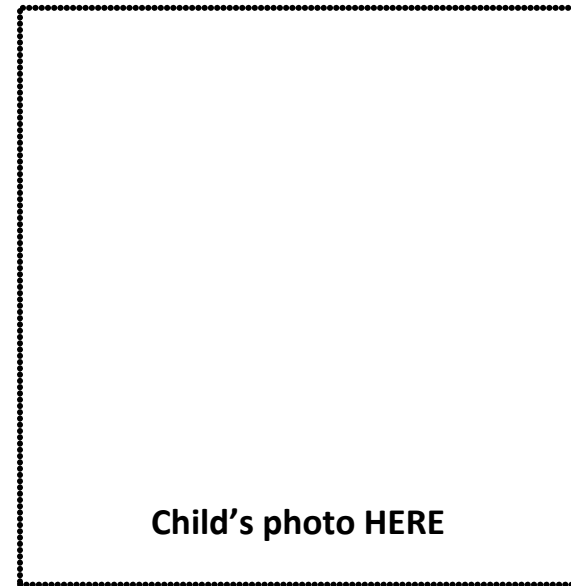
Initials \_\_\_\_\_

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 [paytonk@whitevalley.ca](mailto:paytonk@whitevalley.ca)

Please email the days your child will attend to [paytonk@whitevalley.ca](mailto:paytonk@whitevalley.ca)

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

**\*\* NO REFUNDS or TRANSFERS 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. COVID, flooding, fire, earthquake, etc.**

Daily events calendar will be posted in June

July				
Mon	Tues	Wed	Thurs	Fri
				1 STAT CLOSED
4 First Day	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

August				
Mon	Tues	Wed	Thurs	Fri
1 STAT CLOSED	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26 Last Day

Cost For July            \$ \_\_\_\_\_

Cost For August        \$ \_\_\_\_\_

**Total**                = \$ \_\_\_\_\_

**Amount Paid:**        \$ \_\_\_\_\_

**\$ Received**

Date: \_\_\_\_\_

Total Paid: \_\_\_\_\_

Cheque #: \_\_\_\_\_ Cash: \_\_\_\_\_ PayPal \_\_\_\_\_

Receipt #: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Still Owing: \_\_\_\_\_

Day Type	1 Child	2 Children	3 Children
Regular Day	\$33	\$55	\$77
Guest/Trip Day (Wednesday)	\$45	\$80	\$120
July**	\$531	\$900	\$1,284
August**	\$506	\$859	\$1,226
Full Summer**	\$1,037	\$1,759	\$2,510