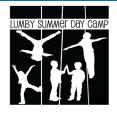
Lumby Summer Day Camp Registration Form 2022



Camper Name:			
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 <u>CAN NOT</u> 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 <u>adults</u> to assume responsibility for my child in the event of an emergency.		
	5:30pm, your emergency contact(s) will be		

If your child is not picked up by 5:30pm, your emergency contact(s) will be called if you have not been reached. If your child hasn't been picked up to 5:45, a late charge of \$10 for every 15 minutes will apply.

*Note: children 5 years of age MUST have attended Kindergarten in the 2021/2022 school year to attend Summer Day Camp

Enrollment Date:	•
Vithdrawal 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

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 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_____

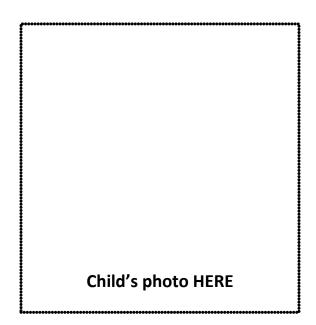
11. ***May not apply*** I give my child permission to walk from the Lumby Summer Day Camp location to the Lumby Swimming Pool for swimming lessons. I also give my child permission to walk back to J.W. Inglis from the Lumby Swimming Pool at the end of each swimming lesson day. I am fully aware that my 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



Or email photo to paytonk@whitevalley.ca

Please email the days your child will attend to 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

Mon	Tues	Wed	Thurs	Fri
				1 STAT CLOSED
l 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 = \$	
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Amount Paid: \$_____

<u>\$ Received</u>

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