



Registration Form for Summer Camp 2017

Last Name:		
First Name:	Middle Name:	
Age:	Dates/Cost: <i>See below</i>	
July 3 - 7	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
July 10 - 14	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
July 17 - 21	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
July 24 - 28	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
July 31 – Aug. 4	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
Aug. 7 - 11	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
Aug. 14 - 18	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
Aug. 14 – 18	<input type="checkbox"/> Yoga program add-on to summer camp - \$100.00 Mon. – Fri. 1:00 – 3:00	
Aug. 21 - 25	<input type="checkbox"/> Full Day 9:00 - 3:00 \$350	<input type="checkbox"/> Half Day 9:00 - 12:00 \$175 <input type="checkbox"/> Half Day 12:00 - 3:00 \$175
Aug. 21 – 25	<input type="checkbox"/> Yoga program add-on to summer camp - \$100.00 Mon. – Fri. 1:00 – 3:00	
PLEASE CHECK YOUR CHOICE(S)		

PARENTS OR GUARDIANS

(1) Last Name:	First Name:	
Relationship to Child:		
Address:		
City:	Postal Code:	
Home Phone:	Cell Phone:	Work Phone:
(2) Last Name:	First Name:	
Relationship to Child:		
Address:		

City	Postal Code:
Home Phone:	Cell Phone: Work Phone:

AUTHORIZATION FOR PICK-UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or any of the persons listed below). In case of an unforeseen circumstance, please indicate the name, address and phone number of any other person(s) who you authorize to pick up your child on your behalf.

NAME: ADDRESS: PHONE:

1.
2.
3.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor:	Office Phone:
Address:	
City:	Postal Code:
Allergies:	
Medical Problems:	
Medication:	

EMERGENCY CONSENT

It is the policy of Children's Development Group to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD IF INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTRE BY THE STAFF OF CHILDREN'S DEVELOPMENT GROUP WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date