

Children's Class Camp Registration

January 3rd, 2020

Dear Parent/Guardian,

We would like to invite your child to participate in the Children's Class Day Camp this Winter break on January 3rd, 2020. The camp will be held at the **Springdale Neighborhood Centre, 12 Haviland Circle, Brampton, ON, L6R0Z1** from 11.00am - 4.00pm. We ask that the children **bring their own lunches** to the camp to avoid problems with allergies or other medical problems. In order to ensure that all children can participate, we hope that parents with extra room in their vehicles contact Subrina at (647)748-4451 or Martharoot at (608) 960-2595 to help provide transportation.

Please return this form at your earliest convenience. Thank you!

PERSONAL INFORMATION OF CHILDREN

Last Name		
First Name		
Street Address		
City, Province		
Postal Code		
Telephone		
Email		*please include parent
Gender		
Birth Date		

MEDICAL INFORMATION

Health Card Number	
Emergency phone numbers	
Does the participant have any allergies? if so, please provide details, necessary precautions and response.	
Please advise of any medical conditions or problems that needs attention E.g. .Asthma (puffer), Diabetes (insulin), Seizures, etc.	
Does the participant have any special dietary requirements or take any regular or special medications?	

For more information please call:

Subrina at (647)748-4451 or Martharoot at (608) 960-2595

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EMERGENCY CONTACT INFORMATION

Name of Contact:	Relationship to child:
Phone:	Alternate number:

PHOTO RELEASE CONSENT

From time to time, photographs or audio clips may be taken of the participants in group activities by the teachers or program coordinators. These photos may be used for promotional brochures, promotions or showcase of programs on our websites, showcase of activities in local newspapers.

Unless otherwise stated below, I consent to the use of images of myself and/or of my child/ward as indicated above.

- ☐ I **DO NOT** wish to have the images used as indicated above.

COST

We ask that parents contribute **\$5 per child** to assist with covering the costs of snacks and supplies.

TRANSPORTATION CONSENT

The camp may require transportation to and from the location, travel options are provided below:

- ☐ I WILL PROVIDE transportation for my child ALONE.
- ☐ I ALLOW my child to TRAVEL WITH SOMEONE ELSE.
- ☐ I can provide transportation for ____ (number) of people.

CONSENT TO PARTICIPATE

As the Parent/Guardian of _____ I give permission for him/her to attend the Children's Camp on January 3rd, 2020 and to participate fully in its activities.

Signature of Parent/Guardian

Date: dd / mm / yyyy

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