

Bleecker Street Summer Day Camp 2008 Registration Form

One form per child, please print

Child's full name: _____

Child's age and birth date: _____

Mother's/ Guardian's full name: _____

Address (include unit#): _____

Phone numbers# Home: _____

Work: _____

Father's/Guardian's full name: _____

Address include unit #): _____

Postal Code _____

Phone numbers# home: _____

Work: _____

Emergency contact person: _____

Phone numbers# Home: _____

Work: _____

Relationship to child: _____

Does your child have any allergies? Yes_____ No_____

If yes, what are they? _____

Is your child currently taking any medications? Yes_____ No_____

If yes, name(s) of the medication(s) and dosage(s)_____

Do you wish to have the staff administer the medication to your child while at Camp? Yes_____ No_____

If yes, name what medication is to be administered: _____

Time medication is to be administered: _____

Child's Doctor Name: _____ Phone: _____

Child's Health Card # _____

Is there anything else that we should know about your child that might impact on his/her Camp experience? If so then please described below i.e., asthma, diabetic, can your child swim, is he/she a vegetarian?

At the end of the day (4:30pm.) my child will be: (please check all that apply)

Picked up by myself_____

Picked up by another person, if so please indicate whom_____

Walking home by him/herself_____

My child may **NOT** be picked up by the following individual(s)_____

Include a recent wallet size photo of your child. This registration package must be completed and entire fee payment is to be received in full to complete this registration. Registrations that are incomplete will be invalid, and will not be processed.

Understanding of Program's Policies and Procedures Acknowledgement

Having signed below I, _____ acknowledge that after reviewing the Bleecker Street Summer Camps Policies and Procedures Handbook in completion, I acknowledge that I am in full understanding and agree to all that has been was put forth to me. Should I have any misunderstandings or concern with what has been put forth at any given time I must bring that concern to the Program Co-ordinator.

Parent/Guardian Signature

Date

I would like to register my child(ren) for the following weeks (please check)

- Session 1: Wednesday July 2 – Friday July 18**
- Session 2: Monday July 21 – Friday August 1**
- Session 3: Tuesday August 5 – Friday August 15**
- Session 4: Monday August 18 – Friday August 29**