

Washago Community Centre Summer Day Camp Registration Form

Name of Camper: _____

Address: _____ City: _____ Postal Code: _____

Birth Date(day/month/year) _____ Male ___ Female ___

Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___ Week 6 ___ Week 7 ___ Week 8 ___ Week 9 ___

Weeks 1 and 6: \$100.00 Weeks 2 to 5 and 7 to 9: \$125.00 Daily: \$30.00 Before Care: \$3.00

Payment to be made by cash or cheque –cheques payable to Washago Community Centre – cheques must be dated 2 weeks prior to the registration date.

NOTE: THIS REGISTRATION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN

Is there any reason that would prevent your child’s full participation in the camp program? Yes ___ No ___

If so, please provide an explanation:

As a condition of acceptance of the above named camper, I/We agree to indemnify Washago Community Centre in respect to any loss or injury to the student and to assume full responsibility for medical and other expenses in the event of illness or accident. In case of surgical emergency, I hereby give permission to the physician selected by the Camp Director, to hospitalize and/or secure proper treatment which may include anesthesia or surgery for the child named above. I also give permission to the Camp Director to administer non prescribed medication within recommended dosage , if required.

I have read and agreed to the conditions of registration/ enrollment.

Signed by: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E Mail Address: _____

CONDITIONS OF ENROLLMENT

- 1 The Camp Director reserves the right to dismiss a student who, in her opinion, has demonstrated behaviour and/or has not complied with the rules of the Centre
- 2 The parent or guardian submitting the application are those having legal custody of the child. Conditions of custody and access, if applicable, should be communicated to the Camp Director in writing.
- 3 I hereby give permission and the legal right to the Washago Community Centre for the use and ownership of any written or audio-visual material and photographs of the child for publicity and promotional purposes.

CAMP SCHEDULE 2019

CAMPER(s) _____

WEEK 1 9AM - 5PM 8 - 9AM 5-5:30PM

TUES JUL 2 _____ _____ _____

WED JUL 3 _____ _____ _____

THURS JUL4 _____ _____ _____

FRI JUL 5 _____ _____ _____

COST WEEK 1: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

WEEK 2 9AM - 5PM 8 - 9AM 5 - 5:30

MON JUL 8 _____ _____ _____

TUES JUL 9 _____ _____ _____

WED JUL 10 _____ _____ _____

THURS JUL 11 _____ _____ _____

FRI JUL 12 _____ _____ _____

COST WEEK 2: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

CAMP SCHEDULE 2019

CAMPER(s) _____

WEEK 3	9AM - 5PM	8 - 9AM	5-5:30PM
MON JUL 15	_____	_____	_____
TUES JUL 15	_____	_____	_____
WED JUL 17	_____	_____	_____
THURS JUL 18	_____	_____	_____
FRI JUL 19	_____	_____	_____

COST WEEK 3: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

WEEK 4	9AM - 5PM	8 - 9AM	5 - 5:30
MON JUL 22	_____	_____	_____
TUES JUL 23	_____	_____	_____
WED JUL 24	_____	_____	_____
THURS JUL 25	_____	_____	_____
FRI JUL 26	_____	_____	_____

COST WEEK 4: _____ **PAID:** _____

PARENT SIGNATURE: _____

DATE: _____

CAMP SCHEDULE 2019

CAMPER(s) _____

WEEK 5	9AM - 5PM	8 - 9AM	5-5:30PM
MON JUL 29	_____	_____	_____
TUES JUL 30	_____	_____	_____
WED JUL 31	_____	_____	_____
THURS AUG 1	_____	_____	_____
FRI AUG 2	_____	_____	_____

COST WEEK 5: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

WEEK 6	9AM - 5PM	8 - 9AM	5 - 5:30
TUES AUG 6	_____	_____	_____
WED AUG 7	_____	_____	_____
THURS AUG 8	_____	_____	_____
FRI AUG 9	_____	_____	_____

COST WEEK 6: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

CAMP SCHEDULE 2018

CAMPER(s) _____

WEEK 7	9AM - 5PM	8 - 9AM	5-5:30PM
MON AUG 12	_____	_____	_____
TUES AUG 13	_____	_____	_____
WED AUG 14	_____	_____	_____
THURS AUG 15	_____	_____	_____
FRI AUG 16	_____	_____	_____

COST WEEK 7: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

WEEK 8	9AM - 5PM	8 - 9AM	5 - 5:30
MON AUG 19	_____	_____	_____
TUES AUG 20	_____	_____	_____
WED AUG 21	_____	_____	_____
THURS AUG 22	_____	_____	_____
FRI AUG 23	_____	_____	_____

COST WEEK 8: _____ **PAID:** _____

PARENT SIGNATURE: _____

DATE: _____