

Summer Days Discovery Camp Registration Form

Child's Given Name: _____ Middle: _____ Surname: _____

Address (including 911 address): _____ Telephone: _____
City: _____ Province: _____ Postal Code: _____ Cell Phone: _____
Email: _____

Date of Birth: _____

Parent/Guardian Name _____
Phone (home) _____ (work) _____

If not parent/guardian above, who has permission to pick up your child? _____

Health Information:

Health Card Number: _____

Family Doctor: _____ Phone: _____

Health Problems (Are there any physical, emotional, or other difficulties that we should be aware of?):

Hearing _____ Vision _____ Heart _____ Speech _____ Asthma _____ Diabetes _____

Allergies _____

Family Dentist (in case of tooth injury) : _____

Contact person in case of emergency, if parent(s) are not available:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Do you give permission for this child to be taken to the doctor or the hospital if the need arises and you cannot be contacted?

Yes No Parent signature: _____

Please send the registration form and payment of \$55.00 per child to the Renfrew & District Christian School by Monday, August 16, 2010. Late registrations will be not be accepted. Classes not meeting minimum enrolment will be cancelled and fees will be refunded. Fees will only be returned if the class is cancelled, not for missed days. Any cancellations by registrants must be done by August 20 to ensure a partial refund.

If your child has any special needs, please make them known at time of registration so necessary arrangements may be made. If a child is unable to cope with the challenges of the program, parents will be asked to withdraw their child from the program.