

## 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 to the Renfrew & District Christian School by Friday, July 31, 2009. 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 1 to ensure a full 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.