



REGISTRATION FORM

Child Full Name: _____ Waiver Number _____

Birth date: ____ / ____ / ____ Gender: _____ Age: _____

Child's Grade (going into Fall 2020) : _____ Child Grade Level of learning: _____

Address: _____ Postal Code: _____

City: _____ Home Phone Number: _____

Parent/Guardian 1 Contact Information:

Full Name: _____

Relationship to Child: _____

Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Parent/Guardian 2 Contact Information:

Full Name: _____

Relationship to Child: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Do you give permission for any other adult to pick-up / drop off your child? If so, provide details below:

Full Name: _____

Relationship with Child: _____

Will they be picking up or dropping off, or both? _____

How often will they be picking / dropping off child up the child? (i.e. every day, once a week, etc.) : _____



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Does the child have any allergies: Yes No
(Circle one)

If yes – please fill out the Allergy Form for further details

Does the child currently take any medication: Yes No
(Circle one)

If the child is taking medication:

Does the medication need to be taken during camp hours: Yes No

If no – Please tell us what medication, if the child has symptoms counsellors should be aware of, any details we should be aware about.

If yes – please fill out the Medication Form for further details

Does the child have any learning disabilities: Yes No

If yes, please give a short description of their disability and how their tutor can assist them in their learning (i.e. name of learning disability, techniques that can help them learn, how to approach them when working with the child, what they excel at or what they struggle with, etc.)

Can you provide any learning or teaching strategies that you know your child responds to and/or techniques that counsellors can use to help the child : N/A Yes

If yes, please provide details and information below:



Emergency Contact Form

Child 1 Name: _____ Age: _____

Child 2 Name: _____ Age: _____

Child 3 Name: _____ Age: _____

Note: please write contact information in order of who should be called first (i.e. emergency contact 1 – will be called first, if they do not answer, emergency contact 2 – will be called second, etc.)

Emergency Contact should not be a parent of the child.

Emergency Contact 1

Name: _____

Relationship to Child(ren): _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Emergency Contact 2

Name: _____

Relationship to Child(ren): _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____