

Camp Application Form

CHILD First Name: _____ Last Name: _____ DOB (M/D/Y): _____
 Address: _____ Phone #: _____ Sex: **M / F**

FIRST PARENT / GUARDIAN First Name: _____ Last Name: _____
 Address: _____
 Phone #: _____ Cell Phone #: _____
 Work Name/Address: _____
 Work Phone #: _____ Relation: _____

SECOND PARENT / GUARDIAN First Name: _____ Last Name: _____
 Address: _____
 Phone #: _____ Cell Phone #: _____
 Work Name/Address: _____
 Work Phone #: _____ Relation: _____

CUSTODY INFO Special Arrangements: Y N Custody Order Provided: Y N
 Details: _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)**

Name: _____ Relation: _____
 Address: _____
 Phone #: _____ Phone # 2: _____

Name: _____ Relation: _____
 Address: _____
 Phone #: _____ Phone # 2: _____

Name: _____ Relation: _____
 Address: _____
 Phone #: _____ Phone # 2: _____

****EMERGENCY CONTACTS INCLUDES PERSONS TO WHOM CHILD MAY BE RELEASED****

DOCTOR Name: _____ Phone #: _____
 Address: _____
 Allergies: _____ Date of MMR: _____
 _____ Date of DPTP: _____
 _____ Carries EPIPEN: Y N
 Medical Conditions: _____

Special Instructions: _____

Note: In case of emergency and I am/we are not able to be reached, I grant permission for the treatment of my child by the Physician selected by the staff. Also, I grant permission for my child to participate in all Day Camp programs and activities and for any supervised trips to places away from the Centre. I have read and understood this form and I will notify the Centre of any changes in writing.
Personal Information: I hereby consent to the collection, use and disclosure of my child's information by the Centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Parent/Guardian Signature: _____ Date: _____