



Day Camp Registration Form

Child's First Name _____
Child's Last Name _____

Address _____ City _____
Province _____ Postal Code _____
Email _____
Phone (____) _____

Return Camper Yes No

Parents Names _____
Home Phone (____) _____
Work Phone (____) _____

Will you be picking up your child? Yes No
IF not who should we expect?

Emergency Contact _____
Relationship to camper _____
Emergency Phone (____) _____

Medical Information

Gender Male Female
Birth Date _____ ex.(mm/dd/yyyy)
Medical Number _____

Medication/Allergies Yes No
If yes please explain (Medication/Treatments. Ect)





All immunizations Yes No

Date of last Tetanus ex.(mm/dd/yyyy)

Tetanus shot not received or date unknown Check this box

Permission to give over-the-counter meds Yes No

If yes, would you like us to call you before our nurse hands out over the counter meds?

Yes No



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Thank you for allowing us to have your child for the day.
If you have any questions or you need to change your
pickup arrangements you must inform our office.

250.838.6645

Pick up is at 4:00pm

