

Eat, Grow, Play Nature Camp

2016 Camp Registration

Registration Fees: ____ First child registered \$200 ____ Sibling Registration \$180 (Please complete a separate form for each child)	Payment: Payment is by cash or cheque – payable to Diana Steadman. Mail or drop off at 35 Stonewalk Dr; Kemptville, ON; K0G 1J0. A 50% down payment is required to hold a space (refundable up to one week before camp start). Full payment is due at the start of camp. Extended Hours: (7:30 am – 9 am and/or 4:30-5:00 pm) \$10/day
Extended Hours - # days needed x \$10/day = _____	
Camp Registration (total for all weeks and siblings) = _____	
Skip this box:	
Payment Received: _____ Total Payment = _____	

(Please complete a separate form for siblings)

Childs Name: _____
Address: _____ _____
Phone: _____ Date of Birth: _____
Family Email: _____

Emergency Contact # 1
Name: _____
Relation: _____
Phone # 1: _____
Phone # 2: _____

Parent/Guardian Name: _____
Relation to Child: _____
Address: _____
Daytime Phone: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____

Emergency Contact # 2
Name: _____
Relation: _____
Phone # 1: _____
Phone # 2: _____

Parent/Guardian Name: _____
Relation to Child: _____
Address: _____
Daytime Phone: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____

(Please complete page 2)

Physician Name: _____
Address: _____
Phone: _____ Health Card #: _____

Dentist Name: _____
Phone: _____

Allergy: _____ Reaction: _____
Treatment: _____
Allergy: _____ Reaction: _____
Treatment: _____
(List other allergies on reverse)

Medications: _____ Immunizations current? - yes/no: _____
If no, please provide immunization history/exemption details as an attachment.
Health Conditions: _____
Developmental Considerations: _____

Favourite Fruits and Veggies: _____
Least Favourite Fruits and Veggies: _____
Special Dietary Considerations: _____
Cooking Experience: Limited _____ Occasionally helps in kitchen _____ Helps daily in kitchen _____
Expectations of Program: _____

- ✓ I grant permission for Flourish Wholesome Foods to take whatever steps necessary to obtain emergency medical attention in the event that I (parent/legal guardian) cannot be reached. It is also understood that I (parent/legal guardian) shall assume responsibility for any costs incurred.
- ✓ I grant permission for my child to leave the program premises under the supervision of program facilitator, for field trips. I understand that dated, time specific forms will be issued for each field trip.
- ✓ I grant permission for my child to participate in all activities of the Eat, Grow, Play Nature Camp.
- ✓ I grant permission for my child's photograph to be included in any newsletters and in media/social media coverage for the purpose of publicity and coverage of the Eat, Grow, Play Nature Camp. Children's names will not be published.

Parent/Legal Gaurdian Signature: _____ Date: _____

Parent/Legal Gaurdian Signature: _____ Date: _____