

# Eat, Grow, Play Nature Camp

## 2017 Camp Registration

<b>Registration Fees/week:</b> ____ First child registered \$250 ____ Sibling Registration \$225 <b>Registration Fees/Day:</b> (Please enquire if available – varies by camp) ____ \$50/child	<b>Payment:</b> e-transfer to <a href="mailto:Diana@EatGrowPlay.ca">Diana@EatGrowPlay.ca</a> , cash or cheque mail or drop off at 35 Stonewalk Dr; Kemptville, ON; K0G 1J0. Please make cheques payable to Diana Steadman. <b>A 50% down payment is required to hold a space (refundable up to three weeks before camp start). Full payment is due at the start of camp.</b> Space will not be held until payment is verified. <b>Extended Hours:</b> (7:30 am – 9 am and/or 4:30-5:00 pm) \$10/day
Extended Hours - # days needed x \$10/day = _____ (can be arranged closer to camp)	
Camp Dates: _____ Payment Amount (Full or 50% deposit) = _____	
Skip this box: Payment Received: _____ Total Payment = _____	

(Please complete a separate form for siblings. If extra space is required please use back of form or email details to [Diana@EatGrowPlay.ca](mailto:Diana@EatGrowPlay.ca) with form.)

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 Diana Steadman of Eat Grow Play 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: \_\_\_\_\_