

Eat, Grow, Play Nature Camp

2018 Camp Registration Form

<p>Registration Fees/week:</p> <p>___ First child registered \$250</p> <p>___ Sibling Registration \$225</p> <p>Registration Fees/Day: <small>(Please enquire if available – varies by camp)</small></p> <p>___ \$55, _____ <small>(indicate number of days)</small></p>	<p>Payment: e-transfer to Diana@EatGrowPlay.ca, cash or cheque mail or drop off at 35 Stonewalk Dr; Kemptville, ON; K0G 1J0. Please make cheques payable to Diana Steadman.</p> <p>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. Space will not be held until payment is verified.</p> <p>Extended Hours: (7:30 am – 9 am and/or 4:30-5:00 pm) \$10/day</p>
<p>Extended Hours - # days needed x \$10/day = _____ (can be arranged closer to camp)</p> <p>Camp Dates: _____ Payment Amount (Full or 50% deposit) = _____</p>	
<p>Skip this box:</p> <p>Payment Received: _____ Total Payment = _____</p>	

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

<p>Childs Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ Date of Birth: _____</p> <p>Family Email: _____</p>	<p>Emergency Contact # 1</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Phone # 1: _____</p> <p>Phone # 2: _____</p>
<p>Parent/Guardian Name: _____</p> <p>Relation to Child: _____</p> <p>Address: _____</p> <p>Daytime Phone: _____ Cell Phone: _____</p> <p>Occupation: _____ Work Phone: _____</p>	<p>Emergency Contact # 2</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Phone # 1: _____</p> <p>Phone # 2: _____</p>
<p>Parent/Guardian Name: _____</p> <p>Relation to Child: _____</p> <p>Address: _____</p> <p>Daytime Phone: _____ Cell Phone: _____</p> <p>Occupation: _____ Work Phone: _____</p>	<p>Emergency Contact # 2</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Phone # 1: _____</p> <p>Phone # 2: _____</p>

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: _____
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 Eat Grow Play Nature Camp 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 marketing of the Eat, Grow, Play Nature Camp. Children's names will not be published.

Parent/Legal Gaurdian Signature: _____ Date: _____

Parent/Legal Gaurdian Signature: _____ Date: _____