



Summer Camp Enrollment Form

Child's Name: _____

Age: _____ Birthday: _____

Address: _____ Postal Code: _____

Contact Info

Parent/Guardian #1

Name: _____

Home Phone #: _____

Work Phone #: _____

Cell #: _____

Address (Home):

Address (Work):

Email: _____

Parent/Guardian #2

Name: _____

Home Phone #: _____

Work Phone #: _____

Cell #: _____

Address (Home):

Address (Work):

Email: _____

Emergency Contact 1

Name _____

Cell Phone _____

Emergency Contact 2

Name _____

Cell Phone _____

Physician

Name _____

Address _____

Phone _____

OFFICE USE ONLY

SUMMER CAMP PROGRAM 2018

Type of Program (5 Days a week)	Program Time	Program Cost
Half-Day (Morning or Afternoon)	9:00 am – 12:00 pm 1:00pm – 4:00pm	\$195/ wk
Full Day Program	9:00 am – 4:00 pm	\$280 /wk

Additional \$10 per day charge for extended hours.

8 am to 9:00 am (\$40 per week)

Additional \$10 per day charge for extended hours.

4 pm to 5:00 pm (\$40 per week)

4 pm to 6:00 pm (\$80 per week)

PLEASE NOTE:

**Our program is only available for a minimum of 3 days a week. Half day cost is \$50.00 per day. Full day program cost is \$75.00 per day.*

***Please provide a packed lunch daily, unless advised otherwise.*

****Additional field trip charges apply, depending upon the week(s).*

Summer Camp Weeks

- July 03 to July 06: Minecraft & Pokémon Week (4 Day Week)
- July 09 to July 13: Science & Lego Robotics Week
- July 16 to July 20: Food & Nutrition Week
- July 23 to July 27: Science & Lego Robotics Week
- July 30 to Aug 03: Music, Dance & Drama and Minecraft & Pokémon Week
- Aug 07 to Aug 10: Cultural Week (4 Day Week)
- Aug 13 to Aug 17: Around the World and Lego Robotics Week
- Aug 20 to Aug 24 (Last Week)

PLAY LOFT WILL BE CLOSED FROM AUG 27 TO SEPTEMBER 3 INCLUSIVE

YOUR CHILD'S HEALTH

Are your child's immunizations up-to-date? _____

*****Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered the medication. *****

General state of health:

Does your child have any known allergies?

Is your child anaphylactic? (Please circle) YES NO
Do they have an auto-injector? (Please circle) EpiPen Twinject Other _____
Does your child have any medical conditions of which we should be made aware?

About your child:

Are there any food restrictions?

What is your child's favorite food?

What food does your child dislike?

Does your child have any siblings? Please name them and specify their ages and genders.

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

What language(s) are spoken at home?

What are your child's favorite activities, toys, books or games?

Are there any specific concerns that we should know about?
