

Faith Break Day Camp Registration Form

July 10-14, 2016 9:00am-3:30pm daily

Family Form (please print a second form if required)

Camper 1

Given Name _____ Family Name _____

Date of Birth (yyyy/mm/dd) _____ Age _____

Gender: Male Female

Camper 2

Given Name _____ Family Name _____

Date of Birth (yyyy/mm/dd) _____ Age _____

Gender: Male Female

Camper 3

Given Name _____ Family Name _____

Date of Birth (yyyy/mm/dd) _____ Age _____

Gender: Male Female

***For the children's safety a recent photo of each child is required to be attached.**

Language:

English

Ukrainian

English & Ukrainian

Address _____ City _____

Postal Code _____ Telephone _____ Email _____

Parent/Guardian Name

1 _____

Home phone _____ Work Phone _____

Parent/Guardian Name

2 _____

Home phone _____ Work Phone _____ Cell _____

Alternative/Emergency Contact _____

Relationship to camper: _____

Home phone _____ Work phone _____ Cell _____

Who is authorized to pick up the child?

(Only the names listed will be eligible for pick up)

Health Card Number

Camper 1 _____ Camper 2 _____ Camper 3 _____

Please list any medications per camper (If medication is required consent to administer medication form needs to be completed and staff need to be reminded at drop off, daily)

1. _____
2. _____
3. _____

Please indicate if camper experiences or has experienced any of the following: Condition (Please indicate Yes/No and Details)

*****	Camper 1	Camper 2	Camper 3
Seizures			
ADHD/ADD			
Asthma			
Diabetes			
Physical limitations			
Major Illness/Surgery			
Other Health Issues			
ALLERGIES:	*****	*****	*****
Nuts			
Bee Stings			
Latex			
Food			
Other			

Camp Fee per Week (5th camper free)

Camper 1	Camper 2	Camper 3	Camper 4
\$175.00	\$125.00	\$125.00	\$75.00

Extended Care Available from 8:30am-5:00pm \$100.00/week/child
 (Additional \$20.00/ 15min after 5:00pm)

Please make cheques payable to “St. Demetrius Church Community Group” & deliver/mail to the St. Demetrius Church Office (135 La Rose Ave, Tor, ON, M9P 1A6) in an envelope Addressed: **Faith Break Day Camp Attn: Amanda Maternicki**

Authorizations: In the unlikely event that the participant named above is injured or becomes seriously ill while with the Faith Break Day Camp, and I cannot be reached, I authorize Faith Break Day Camp senior staff to seek and authorize any and all hospitalization, medical dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with Faith Break Day Camp programs, it is agreed that the Faith Break Day Camp and its staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property.

I grant the release to St. Demetrius CCG & Project Vyra the right to use photographs and/or video tape in which I and/or my child appears for the use in publicity brochures, newsletters, annual reports or any materials and articles promoting the Faith Break Day Camp, its programs and membership.

Signature of parent/guardian _____ Date _____