

2024 SUMMER CAMP REGISTRATION FORM - BEETON

CHILD'S INFORMATION

NAME:	DOB:	PHONE:
ADDRESS:	CITY:	POSTAL CODE:
CHILD'S DOCTOR:	PHONE:	ADDRESS:

GUARDIAN

RELATIONSHIP:	RELATIONSHIP:
NAME:	NAME:
PHONE: MOBILE:	PHONE: MOBILE:
EMAIL:	EMAIL:
ADDRESS:	ADDRESS:
CITY: POSTAL CODE:	CITY: POSTAL CODE:
EMPLOYER:	EMPLOYER:
WORK NUMBER:	WORK NUMBER:
ADDRESS:	ADDRESS:
CITY: POSTAL CODE:	CITY: POSTAL CODE:
ALTERNATE PHONE:	ALTERNATE PHONE:

EMERGENCY CONTACTS

NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:
ALTERNATE PHONE:	ALTERNATE PHONE:

ALTERNATE AUTHORIZED PERSON(S) FOR PICK UP

NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:	PHONE:

PERSONS NOT AUTHORIZED FOR PICK UP (Custody agreement papers must be on file at the centre)

NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:

REQUEST FOR PICTURE CONSENT

There are various times when pictures of the children will be taken, either by teachers, other parents, or members of the media. We would like your permission to use these pictures of your child(ren) for fundraising, program promotion, social media or other promotional uses. I consent I do not consent

MEDICAL/HEALTH CONDITIONS (seizures, diabetes, asthma, blood/heart disorders, other)

CONDITION:
MEDICATIONS REQUIRED (BE SPECIFIC):
SPECIAL INSTRUCTIONS:
EMERGENCY RESPONSE PLAN COMPLETED YES NO

DIETARY REQUIREMENTS/ALLERGIES

FOOD ALLERGY:	REACTION:
MEDICATION ALLERGY:	REACTION:
INSECT ALLERGY:	REACTION:
FOOD SENSITIVITY:	REACTION:
ANAPHYLAXIS EMERGENCY PLAN FORM COMPLETED	YES NO

EMERGENCY TRANSPORTATION

I hereby authorize my permission for the staff at Learning Cubs Child Care to arrange emergency medical treatment for my child(ren) without immediate consent.

SIGNATURE:	DATE:
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REGISTRATION

PROGRAM	WEEKS OF CARE	TYPE OF CARE REQUIRED
<input type="checkbox"/> Summer Camp	<input type="radio"/> July 8-12 <input type="radio"/> July 15-19 <input type="radio"/> July 22-26 <input type="radio"/> July 29-Aug 2 <input type="radio"/> Aug 5-9 <input type="radio"/> Aug 12-16 <input type="radio"/> Aug 19-23 <input type="radio"/> Aug 26-30	<input type="radio"/> FULL TIME (5 days/week) <input type="radio"/> PART TIME– FULL DAYS (2 to 4 days/week) - select your days: <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI

Please note that this summer camp is unlicensed.

GUARDIAN SIGNATURE:	DATE:
CHILD'S START DATE:	

OFFICE USE ONLY

REGISTRATION DATE:	DISCHARGE DATE:
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