Summer Camp

REGISTRATION FORM

Please print clearly. If the information is already filled in, please look over and make any necessary changes and return it to the office.

CHILD'S GENERAL INFORMATION

NAME		
BIRTH DATE (M/D/Y)	AGE	
DOCTOR'S NAME	DOCTOR'S PHONE	DOES YOUR CHILD HAVE AN ALLERGY(IES)? (IF YES, PLEASE SPECIFY)
IS YOUR CHILD TAKING ANY MEDICATION? (IF YES PLEASE SPECIFY)		

PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	
		CELL	
FATHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	
		CELL	

EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

PRIMARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION
SECONDARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

_____ _____

Signature of Parent/Guardian Date Signed