SUMMER DAY CAMP REGISTRATION FORM 2017

Full name of each child participating:

1. _____ Age _____

2. _____ Age _____

3. _____ Age _____

4. _____ Age _____

Please indicate week(s) attending:

☐ WEEK OF JULY 17 ☐ WEEK OF JULY 24 ☐ WEEK OF JULY 31 ☐ AUG 8 -11

Before care required? Please indicate which weeks:

☐ WEEK OF JULY 17 ☐ WEEK OF JULY 24 ☐ WEEK OF JULY 31 ☐ AUG 8 -11

ALTERNATE OPTION

Monday	☐ am	☐ pm
Wednesday	☐ am	☐ pm
Friday	☐ am	☐ pm
Trip Day	☐ Tues	☐ Thurs

Health Card Number. Allergies and Food Restrictions. (please explain)

Name _____ Health Card Number _____

Allergy/Intolerance _____

Treatment* _____

Name _____ Health Card Number _____

Allergy/Intolerance _____

Treatment* _____

Name _____ Health Card Number _____

Allergy/Intolerance _____

Treatment* _____

Name _____ Health Card Number _____

Allergy/Intolerance _____

Treatment* _____

** Please note, if Epipen is required for treatment, a separate consent form must be signed*

CONTACT INFORMATION

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Number (if different than above) : _____

CONSENT FORM

Parent / Guardian Signature _____

Printed Name _____ Date _____

We, the parents or guardians named above, authorize THE STAFF OF KINGSVIEW COMMUNITY CHURCH or one of the Volunteer Staff to sign a consent form for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I, named above undertake and agree to indemnify and hold blameless JOYCE SERTIC, the Staff and Volunteers of CAMP & KINGSVIEW COMMUNITY CHURCH, from and against any loss, damage or injury suffered by the participant as a result of taking part in the activities mentioned above at KINGSVIEW COMMUNITY CHURCH, as well as any medical treatment authorized by the supervising individuals representing the church.
This consent and authorization is effective only when participating in the Camp Program.

FEES ARE DUE THE FIRST DAY OF CAMP

- Please sign-up and register by June 30. $140 per week, per child
- HOLIDAY WEEK: $140 per week, per child, or $20 per half day (morning or afternoon), per child
- Accepted forms of payment: cash, cheque (made payable to Kingsview Community Church) or credit card & debit (available on-site the first day of camp)

For office use only

Total fees paid _____

Paid By _____

Date Paid _____

Pick-up and Drop-off Form

You may have up to three (3) extra people as contacts to drop off your child, or pick up your child if you are unable to.
If they are not listed, they WILL NOT able to pickup your child after camp. Children must be picked up no later than 5:30 pm.

Name _____

Contact Phone _____ Relationship to Child _____

Name _____

Contact Phone _____ Relationship to Child _____

Name _____

Contact Phone _____ Relationship to Child _____

KINGSVIEW CHURCH

EPIPEN Consent Form

I, _____ the parent/guardian of
PRINT FULL NAME

_____ give permission to the staff and/or volunteers at Kingsview Community
PRINT CHILD'S FULL NAME

Church to administer an EpiPen in an emergency situation, or as needed to my child as listed above.

I, named above, undertake and agree to indemnify and hold blameless any Kingsview Staff Member or Volunteer from and against any loss, damage or injury suffered by the participant as a result of allowing the EpiPen to be administered in my absence as well as of any medical treatment authorized by the supervising individuals. This consent and authorization is effective only when participating in an activity at Kingsview Church.

Signed: _____ Date _____