

**SUMMER CAMP FULL WEEK REGISTRATION 2024**

**Camper 1**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Age: \_\_\_\_\_

Please list any health concerns (i.e. medical, allergies…) along with reactions and signs to watch for.

**Camper 2**

First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Age: \_\_\_\_\_

Please list any health concerns (i.e. medical, allergies…) along with reactions and signs to watch for.

**Please note:** Our camps are intended for children who are able to participate in group activities. If you feel your child may need additional support, please call our office to discuss.

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number to reach you during camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who is authorized to pick up this child? (Only those listed will be allowed to pick up your child, unless you have let us know in writing prior to pick up)**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: (if parent/guardian cannot be reached)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please use the attached sheets to choose the weeks for which you wish to register.*

Note:

* Campers must fall in the age range of SK – GR 6 during their week of camp. Campers must have completed JK as of June 2024.
* Your child is only considered registered once we have received completed forms and full payment. Please email forms to info@wilmotfamilyresourcecentre.ca
* **Payment in full is required at time of registration.** Payment is refundable up to two weeks prior to program start date minus a $50 administration fee.
* You may call or email our office to discuss payment plan or limited subsidy options if needed.
* Payment methods available: cash, cheque, or e-transfer to: bookkeeper@wilmotfamilyresourcecentre.ca (please include camper’s name and week(s) they are attending in notes)
* Receipts will be issued at the end of the summer and sent by email.

Office Use Only:

[ ] Cash

[ ] Cheque

[ ] e-Transfer

Amount Paid $ \_\_\_\_\_\_\_\_\_\_

Date Paid \_\_\_\_\_\_/\_\_\_ / \_\_\_\_



**FULL DAY CAMP (GRADES SK-6)**

Camper 1’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper 2’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **# of children** | **Week** | **Dates** | **Fee** |
|  | Week 1 | July 15-19 Around the World  | $250 |
|  |  | Week 1 Extended Care | $25 |
|  | Week 2 | July 22-26 Inventors Workshop  | $250 |
|  |  | Week 2 Extended Care | $25 |
|  | Week 3 | July 29 – August 2 Mindfulness Week  | $250 |
|  |  | Week 3 Extended Care | $25 |
|  | Week 4 | August 12-16 Around the World | $250 |
|  |  | Week 4 Extended Care | $25 |
|  | Week 5 | August 19-23 Inventors Workshop | $250 |
|  |  | Week 5 Extended Care | $25 |

\*Note: The week of August 12-16th will be at the Wilmot Family Resource Centre, not the New Hamburg Community Centre.

Regular Camp Hours: 9am to 4pm

Extended Care: Pre-registered campers may join us from 8:30am to 9am, and 4pm to 5pm.

**Wilmot Family Resource Centre Photo Release:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(caregiver) give permission on behalf of

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child/children) for Wilmot Family Resource Centre to:

* Take photographs, video, or audio recordings
* To release photos that my child is in to interested parties, such as the parents of other children in the same photo, video, audio recording
* To be used on Wilmot Family Resource Centre's social media or website for promotional, or educational purposes

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If returning this form via email, type your name here. By sending this email back to us, this action stands in place of your signature)

Date (yyyy/mm/dd): \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_