



Wilmot Family
Resource Centre

SUMMER CAMP FULL WEEK REGISTRATION 2025

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.

Does Your Child Identify as:

(Please check all that apply)

- ☐ Indigenous
- ☐ Black
- ☐ Person of colour
- ☐ Experiencing low income or living in poverty
- ☐ Person with a disability
- ☐ 2SLGBTQIA+
- ☐ Newcomer
- ☐ Refugee

Primary Contact Information (Parent or Guardian)

1. Parent/Guardian (Required) * Please note, this guardian will receive the receipt:

First Name: _____ Last Name: _____

Relationship: _____

Town/City: _____

Home/Work/Cell _____

Phone: _____

Email: _____

Address: _____

Best phone number to reach you during camp: _____

2. Parent/Guardian:

First Name: _____ Last Name: _____

Relationship: _____

Town/City: _____

Home/Work/Cell _____

Phone: _____

Email: _____

Address: _____

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 2025.
- Your child is only considered registered once we have received completed, signed 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:

Date Paid ____/____/____

Amount Paid \$ _____

☐ Cash

☐ Cheque

☐ e-Transfer



Wilmot Family
Resource Centre

FULL DAY CAMP (GRADES SK-6)

Camper 1's name: _____

Camper 2's name: _____

# of children	Week	Dates	Fee
	Week 1	July 7-11 Out in Space	\$250
		Week 1 Extended Care	\$25
	Week 2	July 14-18 Amazing Animals	\$250
		Week 2 Extended Care	\$25
	Week 3	July 28-August 1 Back in Time	\$250
		Week 3 Extended Care	\$25

Camp Will take Place at the New Hamburg Community Centre located at 251 Jacob st, New Hamburg.

Regular Camp Hours: 9am to 4pm

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

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, we are offering an inclusion camp this year. If you feel your child would benefit from joining our inclusion camp, please call our office to discuss.

The Wilmot Family Resource Centre Summer Camp has a **zero-tolerance policy**. There will be no hitting, kicking, shoving, spitting, stealing, or damage of another person or their property while at camp. If this occurs, parents will be contacted immediately. Please refer to the participation agreement form for more information.

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

Parent/Guardian initials for photo consent

Please sign to acknowledge that you have completed this registration form to the best of your ability and that all information is accurate and up to date.

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): ____ / ____ / ____