



SUMMER CAMP REGISTRATION 2026

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: _____

Mobile Phone: _____ Home/Work#: _____

Email Address: _____

Full Address: _____

Best phone number to reach you during camp: _____

2. Parent/Guardian:

First Name: _____ Last Name: _____

Relationship: _____ Town/City: _____

Mobile Phone: _____ Home/Work#: _____

Email Address: _____

Full 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: _____ Phone Number: _____

How did you hear about our camp?

Social Media

Friend

Returning Camper Referral

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

Note:

- Camp for children 5-12 yrs. old (must be 5 years old before December 31, 2026)
- Your child is only considered registered once we have received completed, signed forms and full payment. Please email forms to info@wilmotwellesleyrc.ca
- You will receive an email confirming your completed registration.
- **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@wilmotwellesleyrc.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



FULL DAY CAMP (5-12 years old)

(must be 5 y/o by December 31, 2026)

Camper 1's Name: _____

Camper 2's Name: _____

# of children	Week	Dates	Fee
	Week 1	July 06 – 10 Colour Chaos	\$275
	Week 2	July 13 – 17 Make Some Noise	\$275
	*Week 3	July 27 – 31 Get Outside (see note below)	\$275
	Week 4	Aug 17 – 21 Chill Out	\$275

Camp will take place at the New Hamburg Community Centre located at 251 Jacob St. New Hamburg.

Camp Hours: 8:15am to 5:00pm

(Pick Up time is between 4:00pm – 5:00pm)

For Staffing Purposes, please indicate:

Time of Drop-off: _____

Time of Pick-up: _____

***NOTE:** FRIDAY, JULY 31 – SPECIAL OUTDOOR ADVENTURE DAY

Drop off and pick up will be at WWRC Unit 1 - 175 Waterloo St. New Hamburg N3A 1S3.

Campers & Leaders will walk to Mike Schout Wetlands at 9:15am, where they will spend the morning exploring, taking photos of nature, wildlife & scenery.

Return to WWRC for Pizza lunch.

(See website or pamphlet for detailed information of the day)

_____ ***Please Initial***

The Wilmot & Wellesley 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.

If you agree to Wilmot & Wellesley Resource Centre Photo Release, please fill out below:

I, _____ (caregiver) give permission on behalf of
_____ (child/children) for Wilmot & Wellesley Resource Centre to:

- Take photographs, video, or audio recordings
- To release photos that my child is into interested parties, such as the parents of other children in the same photo, video, audio recording
- To be used on Wilmot & Wellesley 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): _____ / _____ / _____