

Willowgrove P.A. Day Camper Registration 2018/19

Child's Name _____ Date of Birth _____
Parent 1 _____ Parent 2 _____
Mailing Address _____
Email Address _____
Home Phone # _____ Cell Phone # _____
Business Phone # _____

Emergency Contact:

Name _____ Relationship to child _____
Home Phone # _____ Alternative Phone # _____

Health Information:

Health Card # _____
Family Doctor _____ Doctor's Phone # _____
Please list any allergies or health concerns _____

Medications to be administered during the day _____

Payment Method:

Cash Credit Card Cheque
Card # _____
Name on Card _____
Expiry Date _____ CVV # _____

Please check the desired dates

Mon Sept 24 Fri Jan 18
 Mon Oct 22 Fri Feb 1
 Fri Nov 23 Mon June 3

Charges: Regular Fee \$50.00 AM PM Extended Hours \$10/each Inclusion Support \$25.00

Parent Authorization

I hereby give consent for my child to participate in the full Willowgrove program and all activities unless I advise you in writing. I give permission for Willowgrove to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if she/he is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Willowgrove and its officers, servants or assigns from an liability concerning our child's involvement in the Willowgrove programs and further agree that the use of all Willowgrove facilities is made at the risk of the registrant. In the case of surgical emergency, I hereby give permission to the physician selected by the camp director to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form in the event that the parents and/or emergency contacts listed on this form cannot be reached. Every effort will be made to contact a parent/guardian in the case of an emergency.

Parent/Guardian Signature

Date