

BRIDLEGROVE DAY CAMP 2024
JK - GRADE 6
REGISTRATION FORM
Tel: (416) 497-7667

Child's Name: _____

Current Address: _____

Postal Code: _____

Has your child attended Bridlegrove Day Camp / Daycare before? _____

INFORMATION ON PARENTS

FATHER

MOTHER

Name: _____

Name: _____

Home Address including Apt. # and Postal Code:

Home Address including Apt. # and Postal Code:

Phone #: _____

Phone #: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Hours: _____

Work Hours: _____

Work Phone #: _____

Work Phone #: _____

Email Address: _____

Email Address: _____

*email will be used to send camp info.

MEDICAL INFORMATION

Doctor's Name: _____ Phone #: _____

Doctor's Address: _____

Child's Health Card #: _____

Surname and Initial on Health Card: _____

Child's Food Allergies: _____

Child's Medication Allergies: _____

Is your child on any medication presently? _____ If yes, please list: _____

Does your child have any developmental, physical or health concerns?

Restrictions that may limit their participation: _____

Date of last Tetanus: _____

CHILD INFORMATION

Swimming Abilities: _____

Interests and hobbies: _____

CHILD ESCORTS

If you have made arrangements for an alternate pick up person, please inform the day camp staff ahead of time.

Name _____ Relationship _____

Work # _____ Home # _____

Name _____ Relationship _____

Work # _____ Home # _____

Name _____ Relationship _____

Work # _____ Home # _____

EMERGENCY CONTACT PERSON

- we will contact this person if we are unable to reach either parent

Name: _____ Relationship: _____

Address: _____

Work # _____ Cell Phone #: _____

1. MEDICAL RELEASE CONSENT

If at any time, due to circumstances such as an accident, sudden illness or emergency, I give my consent for _____ to have any required medical treatment including anesthetic, if necessary, by a private physician or hospital. I also consent to emergency transportation if necessary.

2. FIELD TRIP CONSENT

I understand that the day camp will be having weekly field trips and that all details for these events will be posted for my knowledge and information. The field trip costs are included in the weekly fees. I give my permission for _____ to be transported by public transportation or school bus rental, so that he/she can participate in any supervised camp trip away from the day camp/church property. Reminder, camp grounds are closed during all off site trips.

DAY CAMP POLICIES AND PARENT INFORMATION

I _____ have read, understood and agree to the two above outlined consents, as well as the Day Camp Policies and Parent Information Form. I agree to follow the outlined procedures while my child is attending Bridlegrove Day Camp.

Parents Signature: _____ Date: _____

BRIDLEGROVE DAY CAMP 2024 JK - GRADE 6 REGISTRATION FORM AND PAYMENT INFORMATION

Parent's Name _____

Child's Name _____ Date of Birth _____

Age _____ Grade Completed as of June 30, 2024 _____

For Summer Camp:

T – Shirt size Please Circle One (Youth S M L) (Adult S M L XL)

- Please complete this form and return it along with the camp application form as well as the non-refundable registration fee of \$30.00 per child (\$50.00 family rate for two or more children) Applications will be taken on a first come first served basis.
- Thursday, August 22, 2023 is the last day of camp
- Camp is closed: Aug 5 - Civic Holiday
Aug. 23 - Day Camp Closed for Camp Cleanup
- Payment must be made by E-Transfer (daycare6548@gmail.com)

**** In the memo please indicate the child's name and the week you are paying for!!**

- **Early/late fees, sleepover fees and Tuck Shop are CASH ONLY. Do not add them to your weekly payments**
- **Please put a check mark by the dates your child will attend Bridlegrove Day Camp**

	<u>Kinder Camp</u>	<u>Grade 1-6</u>
* July 2 - 5 (4 day week pro-rated)	___ \$132.00	___ \$124.00
* July 8 – 12	___ \$165.00	___ \$155.00
* July 15 – 19	___ \$165.00	___ \$155.00 (Gr. 4-6 Sleepover - July 24 rd \$30.00)
* July 22 – 26	___ \$165.00	___ \$155.00
* July 29 – Aug. 2	___ \$165.00	___ \$155.00 (Gr. 1-3 Sleepover - Aug. 7 th \$30.00)
* Aug. 6 – 9 (4 day week pro-rated)	___ \$132.00	___ \$124.00
* Aug. 12 – 16	___ \$165.00	___ \$155.00
* Aug. 19 – 22 (4 day week pro-rated)	___ \$132.00	___ \$124.00

CONSENT AND RELEASE FORM

BRIDLEGROVE BIBLE CHAPEL AND DAY CARE CENTRE

I hereby consent to have _____ (ie. daughter/son)
(full name and relation)

photographed, video taped, audio taped by Bridlegrove Bible Chapel/Day Care/Day Camp while my child is under their supervision and care.

Additionally:

I hereby give Bridlegrove Bible Chapel/Day Care Centre/Day Camp consent to use these reproductions on:

- A) Our internet website/photo gallery _____ (please initial)
- B) Our Brochures and flyers _____ (please initial)
- C) Our Special events recorded on DVD to give to parents i.e. picnic, trips, concerts, Open House etc. _____ (please initial)
- D) Social Media, School Apps ie. Any social support communication between Bridlegrove and Parent _____ (Please Initial)

I understand that my child's name will not be used on the internet website for confidentially purposes.

As the child's parent or legal guardian, I agree to release and hold harmless Bridlegrove Bible Chapel/Day Care/Day Camp, it's board, members, employees and volunteers from and against any and all claims, demands, actions, complaints, suites or other forms of liability that shall rise out of or by reason of, or be caused by the use of, my child's photograph, likeness or voice on the above outlined item listed A-C.

It is further understood and I do agree that no monies or other considerations in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, at any time because of my child's photograph, likeness or voice.

Child's Name: _____
Address: _____ Phone#(_____) _____
Parents Signature: _____ Date _____