

St. Demetrius CCG  
Faith Break Summer Day Camp Registration Form

July 9-13, 2018 9:00am-3:30pm daily

Family Form (please print a second form if required)

Camper 1

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male  Female

Camper 2

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male  Female

Camper 3

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Age \_\_\_\_\_

Gender: Male  Female

**\*For the children's safety a recent photo of each child is required to be attached.**

Language: English  Ukrainian  English & Ukrainian

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian Name

1 \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name

2 \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Alternative/Emergency Contact \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Who is authorized to pick up the child?

\_\_\_\_\_

(Only the names listed will be eligible for pick up)

Health Card Number

Camper 1 \_\_\_\_\_ Camper 2 \_\_\_\_\_ Camper 3 \_\_\_\_\_

Please list any medications per camper (If medication is required consent to administer medication form needs to be completed and staff need to be reminded at drop off, daily)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please indicate if camper experiences or has experienced any of the following: Condition (Please indicate Yes/No and Details)

*****	Camper 1	Camper 2	Camper 3
Seizures			
ADHD/ADD			
Asthma			
Diabetes			
Physical limitations			
Major Illness/Surgery			
Other Health Issues			
<b>ALLERGIES:</b>	*****	*****	*****
Nuts			
Bee Stings			
Latex			
Food			
Other			

**Camp Fee per Week (4<sup>th</sup> camper free)**

Camper 1	Camper 2	Camper 3
<b>\$175.00</b>	<b>\$150.00</b>	<b>\$125.00</b>

Extended Care Available from 8:30am-5:00pm \$100.00/week/child   
(Additional \$20.00/ 15min after 5:00pm)

Please make cheques payable to "St. Demetrius Church Community Group" & deliver/mail to the St. Demetrius Church Office in an envelope addressed: Faith Break Day Camp Attn: Amanda Maternicki

**Authorizations:** In the unlikely event that the participant(s) named above is injured or becomes seriously ill while with the St. Demetrius Church Community Group Faith Break Day Camp, and I cannot be reached, I authorize St. Demetrius CCG Day Camp senior staff to seek and authorize any and all hospitalization, medical dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with St. Demetrius CCG Day Camp programs, it is agreed that the St. Demetrius CCG Day Camp and its staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property. I grant the release to the St. Demetrius CCG Day Camp and the affiliated the right to use photographs and/or video tape in which I and/or my child appears for the use in publicity brochures, newsletters, annual reports or any materials and articles promoting the St. Demetrius Day Camp, its programs and membership.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only:

Camp Fee Paid \_\_\_ Amount \_\_\_\_\_ Cash \_\_\_ Cheque \_\_\_ # \_\_\_\_\_ Photo attached YES/NO

Received by: \_\_\_\_\_ Date: \_\_\_\_\_