



# Town of Hampstead

Community Services Department



## DAY CAMP REGISTRATION FORM

Group: \_\_\_\_\_

CAMPER'S FAMILY NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

FATHER'S FAMILY NAME		FIRST NAME	
MOTHER'S MAIDEN NAME		FIRST NAME	
ADDRESS NO.	STREET	APARTMENT #	
CITY	PROVINCE	POSTAL CODE	
HOME TEL.:		OTHER NUMBER (CELL PHONE):	
FATHER'S TELEPHONE NUMBER AT WORK:		MOTHER'S TELEPHONE NUMBER AT WORK:	
EMAIL ADDRESS:			

<u>DATE OF BIRTH</u>	<u>SEX:</u>	<u>AGE:</u>	<b>KOSHER</b> (circle one):		yes	no
YEAR:	MONTH:	DAY:	M	F		

### MEDICAL INFORMATION

MEDICARE CARD NUMBER		EXPIRY DATE
CHILD'S PHYSICIAN		TEL. NUMBER
ALLERGIES TO MEDICATION (please specify)	ALLERGIES TO FOOD (please specify)	
DOES YOUR CHILD HAVE ANY PHYSICAL OR EMOTIONAL CONDITION OF WHICH WE SHOULD BE AWARE?		

### EMERGENCY CONTACTS (OTHER THAN PARENTS)

NAME	TEL. WORK	TEL. HOME
1.		
2.		

### PERSONS AUTHORIZED TO PICK UP MY CHILD (OTHER THAN PARENTS)

NAME	RELATIONSHIP TO CHILD
1.	
2.	

☺ **SPECIAL REQUEST TO BE WITH ONE FRIEND** (every attempt will be made to make such placements, however there are no guarantees that it will occur). Name of friend: \_\_\_\_\_

### REGISTRATION (Please select desired weeks)

<input type="checkbox"/> Week A: June 23 - June 27	<input type="checkbox"/> Week E: July 21 - July 25	<b>Weeks added:</b> _____ x \$ _____ = \$ _____ _____ x \$ _____ = \$ _____
<input type="checkbox"/> Week B: June 30 - July 4	<input type="checkbox"/> Week F: July 28 - August 1	
<input type="checkbox"/> Week C: July 7 - July 11	<input type="checkbox"/> Week G: August 4 - August 8	
<input type="checkbox"/> Week D: July 14 - July 18	<input type="checkbox"/> Week H: August 11 - August 15	

Weeks \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Payment method: \_\_\_\_\_

Paid in full \$ \_\_\_\_\_ / Paid in two instalments \$ \_\_\_\_\_ + \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Credit card #: \_\_\_\_\_ Exp. \_\_\_\_\_

\*\* ALL PAYMENTS MADE AFTER MAY 20<sup>TH</sup> MUST BE FOR THE FULL AMOUNT.\*\*

### Relevé 24 (Child care expense)

Name of person claiming child: \_\_\_\_\_

Social insurance number: \_\_\_\_\_

I have read and understood the day camp refund policy.

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_