



**Doorsteps Neighbourhood Services
Summer Camp 2017
Registration Form**

Registration Date: _____ for help/comment contact 416-243-5480 or our Chalkfarm location at 416-241-6384 or e-mail support@doorsteps.ca

For registration and medical purposes, we need to have the following information. In case of Emergency, this information will be at our immediate disposal. Please fill out this form completely.

PLEASE PRINT CLEARLY

Family Code: _____

Child's Last Name **Child's First Name** **Preferred Name**

Birth Date (DD/MM/YYYY) **Grade** **Gender**

Contact Information

Parent 1:	Last Name:		First Name:	
	Full Address:			
	Home #:	Cell #:	Work #:	
Parent 2:	Last Name:		First Name:	
	Full Address:			
	Home #:	Cell #:	Work #:	
Emergency Contact:	Last Name:		First Name:	
	Relationship to Child:			
	Full Address:			
	Home #:	Cell #:	Work #:	

Please check off the sessions that your child will be attending:

Weeks	WK 1 July 3-7	WK 2 July 10-14	WK 3 July 17-21	WK 4 July 24-28	WK 5 July 31-Aug4	WK 6 Aug 7-11
Fee	\$45	\$45	\$45	\$45	\$45	\$45
Non members	\$45	Members \$40				

Check those that apply: () I allow my child to go home alone () I give permission to the person listed below to pick up my child

→Please turn page over←

Name of pick-up person: _____ Phone #: _____

Health Card #: _____
(Please attach a photocopy of the card)

Allergies: _____

Food Restrictions: _____

Will Medication need to be given to your child during the day? () Yes () No

If yes, please explain: _____

I will allow my child to be taken to the hospital in the event of an emergency: () Yes () No

Does your child have any special need (behavioral, emotional, and physical)? () Yes () No

If yes, please explain: _____

Are there any activities that your child should NOT participate in? () Yes () No

If yes, please explain: _____

Consent Agreement: IN SIGNING I AGREE TO THE FOLLOWING

Although it is understood that all reasonable precautions shall be taken to prevent personal injury and/or damage and/or loss of property, Doorsteps Neighbourhood Services and its partners, funders etc are hereby absolved and released from any and all responsibility for personal injury and/or damage and/or loss of property howsoever caused, resulting from any of the recreational programs operated by the same in which I allow my child to participate. I hereby grant permission for my child to participate in Doorsteps Summer Camps on the above terms.

I also hereby consent to my child being filmed and/or photographed by Doorsteps Neighbourhood Services and their agents for the purpose of promotion.

I also grant Doorsteps Neighbourhood Services Permission to share information in this application with its funders, which may be used for promotion purposes.

Signature of Parent/Guardian:

Date: