



## TOWNSHIP OF ZORRA MARCH BREAK DAY CAMP REGISTRATION FORM 2018

PART A: PARTICIPANT INFORMATION		
Last Name:	First Name:	Birthdate: <i>(DD/MM/YYYY)</i>
Address:		Gender: <i>(male / female)</i>

PART B: PROGRAM REGISTRATION												
MARCH BREAK CAMP <i>(select all that apply)</i>												
<input type="checkbox"/>	WEEK: March 12 <sup>th</sup> -16 <sup>th</sup> , 2018 (\$160.00)	\$160.00 _____										
<input type="checkbox"/>	DAY: Monday, March 12, 2018	\$35.00 _____										
<input type="checkbox"/>	DAY: Tuesday, March 13, 2018	\$35.00 _____										
<input type="checkbox"/>	DAY: Wednesday, March 14, 2018	\$35.00 _____										
<input type="checkbox"/>	DAY: Thursday, March 15, 2018	\$35.00 _____										
<input type="checkbox"/>	DAY: Friday, March 16, 2018	\$35.00 _____										
BEFORE & AFTER CARE												
Before Care <i>(available from 7:30am-8:30am)</i>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">Monday</td> <td style="text-align: center; padding: 0 10px;">Tuesday</td> <td style="text-align: center; padding: 0 10px;">Wednesday</td> <td style="text-align: center; padding: 0 10px;">Thursday</td> <td style="text-align: center; padding: 0 10px;">Friday</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$4.00 = _____
Monday	Tuesday	Wednesday	Thursday	Friday								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
After Care <i>(available from 4:30pm-5:30pm)</i>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; padding: 0 10px;">Monday</td> <td style="text-align: center; padding: 0 10px;">Tuesday</td> <td style="text-align: center; padding: 0 10px;">Wednesday</td> <td style="text-align: center; padding: 0 10px;">Thursday</td> <td style="text-align: center; padding: 0 10px;">Friday</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Monday	Tuesday	Wednesday	Thursday	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x \$4.00 = _____
Monday	Tuesday	Wednesday	Thursday	Friday								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>Payment must be received in full to hold your child's place.</b>		<b>TOTAL:</b> _____										
<small>All prices include HST</small>												
<b>OFFICE USE ONLY</b>	<b>Payment:</b> Cash   Cheque   Debit   Online <b>Receipt #:</b> _____ <b>Date:</b> _____ <b>Processed By:</b> _____											

PART C: FAMILY INFORMATION	
Mother / Guardian Name:	Father / Guardian Name:
Best Phone #:	Best Phone #:
Alternate Phone #:	Alternate Phone #:
Email:	Email:

PART D: SAFE ARRIVAL & PICK UP								
After camp is dismissed, I give permission for my child to be picked up by the following people, in addition to the listed Parents/Guardians:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Full Name:</td></tr> <tr><td style="padding: 2px;">Relationship to Child:</td></tr> </table>	Full Name:	Relationship to Child:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Full Name:</td></tr> <tr><td style="padding: 2px;">Relationship to Child:</td></tr> </table>	Full Name:	Relationship to Child:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Full Name:</td></tr> <tr><td style="padding: 2px;">Relationship to Child:</td></tr> </table>	Full Name:	Relationship to Child:
Full Name:								
Relationship to Child:								
Full Name:								
Relationship to Child:								
Full Name:								
Relationship to Child:								
Please note that photo ID may be requested by staff. In the event that an individual is not listed, written consent must be provided by the Parent/Guardian.								



# TOWNSHIP OF ZORRA

## MARCH BREAK DAY CAMP REGISTRATION FORM 2018

PARTICIPANTS NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

### PART F: CONSENT

**Participant Waiver** This signed consent form allows your child to participate in all supervised activities listed on this registration form. The Township of Zorra and its employees are not responsible for any claim, loss, injury, or damage to persons or to property suffered during supervised activities.

Parent/Guardian Initials: \_\_\_\_\_

**Excursions off the Property:** I am aware that my child may be taken off the program premises by the staff for walks, picnics, or outings of any kind as may, from time to time, be scheduled as part of the program. Destinations will be contained within Embro and will only be accessed by walking. Staff are not allowed to drive participants for any reason.

Parent/Guardian Initials: \_\_\_\_\_

**Photo Release** I give the Township of Zorra permission to photograph my child; and to use these photographs for display and in any future promotional materials, website or other social media without compensation.

Parent/Guardian Initials: \_\_\_\_\_

**Cancellation and Refund Policy** Refunds will be issued up to 30 days prior to the start of camp and subject to a \$35.00 administration fee.

Parent/Guardian Initials: \_\_\_\_\_

**Privacy Commitment** The Township of Zorra is committed to protecting your privacy. The personal information contained on this form is collected by the Township of Zorra for the purpose of administering recreational programs and for medical information when required in emergency situations. It will be kept secured and confidential.

As the participants Parent or Guardian, I have read and understood the specific program details outlines above and give permission for participation

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# TOWNSHIP OF ZORRA MARCH BREAK DAY CAMP REGISTRATION FORM 2018

## CAMPER MEDICAL & EMERGENCY INFORMATION

**PARTICIPANTS NAME:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

<b>PART G: EMERGENCY CONTACT</b>		
In case of emergency during camp hours, the best way to be reached is:		
Name & Relation:	Phone #:	Alt. Phone:
Name & Relation:	Phone #:	Alt. Phone:
<b>ALTERNATE CONTACT:</b> <i>In the event that the above contacts cannot be reached</i>		
Name & Relation:	Phone #:	Alt. Phone #:

<b>PART H: MEDICAL INFORMATION</b>
Does your child have any allergies or dietary restrictions we should be aware of? <i>If yes, please list allergy, reaction and severity:</i>
Does your child require medication while at camp?
Does your child have any special needs or medical conditions? <i>If yes, please list and explain any information that our staff should be aware of and how it may affect participation in the camp program.</i>
Does your child display behavioural issues? <i>If yes, please explain and outline strategies that are used at home which may help our staff to create a positive experience for your child:</i>
Additional Medical Information <i>List any additional medical needs not covered above, including severity and type of intervention required.</i>

If you have further questions or would like to discuss any special needs which your child may require to be successful at camp, please contact us at 519-617-7977 or [ssarchuck@zorra.on.ca](mailto:ssarchuck@zorra.on.ca)