

SUMMER CAMPS REGISTRATION FORM

Camps are \$170/child. Siblings enrolled in the same camp are \$150.

Camps are for children ages 3 - 7.

Payment is due at the time of registration via cheque, e-transfer or cash.

Camps are not regulated by childcare licensing, they are recreational programs.

Late fees will apply if late pickup occurs consistently.

Child's Name: (First) _____ (Last) _____

Date of Birth: (Month/Day/Year) _____ Gender: _____ Age: _____

Address: _____ City, Province: _____

Postal Code: _____ Phone Number: _____

CAMP OPTIONS

- ☐ Camp #1: A Bugs Life (July 10th - 14th) / Monday to Friday 9am - 12pm
- ☐ Camp #2: Story Book (July 24th - 28th) / Monday to Friday 9am - 12pm
- ☐ Camp #3: Art Attack (July 31st - August 4th) / Monday to Friday 9am - 12pm

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Phone Number: _____

Email: _____

Address: (if different from child) _____

City, Province: _____ Postal Code: _____

Relationship to Child: _____ Occupation: _____

Other Parent/Guardian Name: _____ Phone Number: _____

Email: _____

Address: (if different from child) _____

City, Province: _____ Postal Code: _____

Relationship to Child: _____ Occupation: _____

The child will be released **ONLY** to the people on this application (above) and the following persons below:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

HEALTH RECORD INFORMATION

Family Doctor: _____ Phone Number: _____

Child's Name: (First) _____ (Last) _____

Date of Birth: (Month/Day/Year) _____ Gender: _____

Alberta Health Care Number: _____

Are all Immunizations up to date? ☐ Yes ☐ No

****If NO, then a separate immunization waiver form must be filled out. Please advise the staff member upon registration****

Does your child have any allergies? ☐ Yes ☐ No

If yes, please explain type and typical reactions: _____

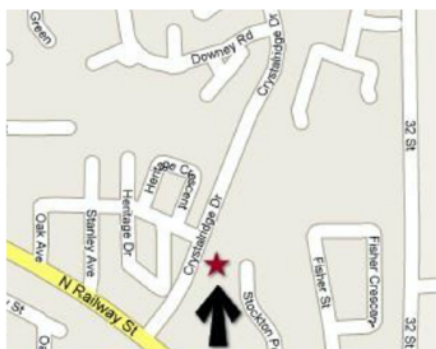
Does your child require emergency medications (eg: Epi-Pen / Inhaler)? ☐ Yes ☐ No

****If YES, then a separate authorization form MUST be filled out. Please advise the staff member upon registration****

Is your child on any prolonged medication? Yes No If yes, please describe: _____

Any other medical conditions/health concerns we should be aware of: _____

OFF PREMISES CONSENT



I _____ give the staff of Okotoks Preschool Academy consent for my child _____ to participate in outdoor play in our fenced play yard behind Mountain Shadows Gymnastics at 18 Crystalridge Drive only 70 steps away from our premises.

Signature of Parent/Guardian _____ Date _____

THINGS TO BRING/REMEMBER:

- A *small nut free* snack - Water bottle - Backpack with change of clothes - Indoor shoes - Hat

Please dress your child for the weather and please apply sunscreen and bug spray before camp starts.

Also, please remember to **label everything!**