

Township of Seguin PD Day Camp
2011/2012 Registration Form



Date of PD day: _____
Child's Name: _____ M/F: _____
Age:(age 5+ recommended) _____
Birth Date: _____
Allergies: _____
Medical Conditions: _____
Any Medications: _____
(If so, please see Day Camp Director for appropriate form)
Health Card #: _____
Family Doctor: _____
Doctors Phone #: _____
Other Children Being Enrolled In the Day Camp: _____

Parents/Guardian First Names: _____
Last Names: _____
Home Mailing Address: _____

Parent Phone:
Home: _____ Work: _____ Cell: _____
Parent E-mail: _____
Which way would you prefer to be contacted? (Please Circle) PHONE E-MAIL
Emergency Contact (Other than Parent mentioned above): _____
Emergency Contact Relationship to Child: _____
Phone Number: _____

1. Who is authorized to pick up your child? _____
2. Approx. What time will you need to drop your child off? _____
3. Approx. What time will you be picking up your child? _____
4. Does your child have any special requirements? _____
5. Is your child afraid of anything? _____
6. Please tell us more about your child to make this an incredibly positive experience. _____

Cost: \$30/Day

Please Circle: Cheque / Cash / Debit*

*debit only at Township of Seguin office

Liability Statement:

In consideration of the acceptance of my application and the permission to participate in a program sponsored by the Township of Seguin, I hereby waive and forever discharge the Township of Seguin, it's employees, agents, officers and elected officials from all claims, damages, costs and expenses in respect to injury or damage to my person or property, however caused, which may result from my participation in the program.

Day Camp Policies:

The Township of Seguin reserves the right to remove your child from the program should they pose harm to the program and/or other participants in the program. The Township of Seguin also reserves the right to cancel the program for any reason with refund. **Full payment for the whole March Break week must be received with a completed registration form on the day you register for the program.** Cheques should be made payable to the Township of Seguin. Request for refund will NOT be accepted after the first day unless accompanied by a medical certificate. Requests must be submitted in writing. **If your child misses day camp due to a conflict with another activity, sickness, or injury, it is not the responsibility of the Township of Seguin and will not be made up.** Also, please be aware that your child will not be permitted to be picked up by any person other than yourself or the person listed on the registration sheet. Should this need to happen, please fill out a pickup permission slip. Phone calls will not be accepted.

I _____ do solemnly declare that all of the statements contained in this form are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canadian Evidence Act.

Parent Signature _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Personal information is collected under the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990 and regulations there under and will be used to register participants in the March Break Day Camp.