

# KNOX KIDS' CAMP REGISTRATION FORM 2019

For children Ages 4-11

**Please complete this form in full and print clearly.**

**Use a separate form for each child. All campers must be fully toilet trained.**

Check weeks of camp your child/children will be attending and if they will need before care (BC) and/or after care (AC).

Check Week	Date	Before Care \$15	After Care \$25	Both \$30
	1 July 8-12			
	2 July 15-19			
	3 July 22-26			
	4 July 29-Aug. 2			
	5 Aug. 6-9 (4 Days)			
	6 Aug. 12-16			
	7 Aug. 19-23			

- a) Each week of camp is \$90 per child (\$80 for August 6-9).
- b) **Before hours care** (7:45 a.m.-8:30 a.m.) is **\$15/week**.  
**After hours care** (3:30 p.m.-5:15 p.m.) is **\$25/week. Late fees will apply.**  
**Both before and after care** cost **\$30/week**.
- c) A \$20 per week, per child (non-refundable) down payment must be paid at the time of registration to reserve your child's spot. The remaining full payment is required **on or before the Monday of each camp week**.  
**Make cheques payable to Knox Presbyterian Church (on memo line write "Knox Kids' Camp").**

## CHILD'S INFORMATION

Name: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age as of June 2019 \_\_\_\_\_ School: \_\_\_\_\_ Home Church (if any): \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

Daytime Phone Numbers (write all that apply):

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Each day after camp my child will :  walk home  be picked up.

List anyone with permission to pick up your child: \_\_\_\_\_

\*A signed note is needed if someone unlisted is picking up. \*

I am aware that my child will be supervised at the camp and when walking to different locations in downtown Woodstock during afternoons of camp. Should an emergency arise where a parent or guardian cannot be reached, I give authorization to the Camp Director or designate to refer the above camper to medical authorities on my/our behalf.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Photos will be taken for various publicity purposes during Camp. No pictures of campers will be posted online at any point. If you DO NOT wish your child's picture used for publicity purposes,

please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

**KNOX KIDS CAMP HEALTH INFORMATION**

**CHILD'S INFORMATION**

Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version Code: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent(s)/Guardian Name(s) \_\_\_\_\_

Daytime Phone Numbers (write all that apply)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known allergies (foods/medication/insects etc.): \_\_\_\_\_

What is the severity of the allergic reaction and what treatment is necessary? **Please be specific.**

Other known medical conditions, special needs or other concerns:

Will medication be required while at Camp?                      **YES**    **NO**

If yes, what and how should it be administered?

Child's swimming ability: \_\_\_\_\_

I am aware that my child will be supervised during the day and when walking to different locations in downtown Woodstock during afternoons of Camp. Should an emergency arise where a parent or guardian can not be reached, I give authorization to the Camp Director or designate to refer the above camper to medical authorities on my/our behalf.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_