


KNOX KIDS' CAMP REGISTRATION FORM 2024

For children ages 4-11

Please read ALL the information and complete this form in full. Use a separate form for each child.

- a) All campers must be **FULLY** toilet trained.
- b) **Each week** of camp is \$125 **per child**.
- c) A \$25 **per week, per child**, non-refundable deposit must be paid at the time of registration to reserve your child's spot. Spots are reserved on a first come, first served basis. If we are full the week you are registering for, the Camp Director will be in touch to add you to our waiting list as we do sometimes have last minute dropouts.
- d) The remaining payment is required before the Monday of each camp week or can be made at the door upon arrival. **ALL** payments must be complete before campers are admitted into the program. You may pay the full amount at registration if you would prefer. **Please note** that if you are paying by e-transfer the full payment is required by **12pm on the Wednesday BEFORE** your week of camp starts. This allows things to be processed before drop off Monday morning.
- e) We accept cash or e-transfer. Please send e-transfers to office.knox.woodstock@gmail.com and add a comment that it is for Knox Kids' Camp (if you do not make a memo that it is for a camp payment, it may be missed and be added to our general offerings).
- f) If you need any information about our registration or other policies, they are available in our parent handbook on our website at knoxwoodstock.ca
- g) Once the Camp Director has received **both** your form and deposit you will get an email to confirm your spot is reserved.

Please Check the weeks that your child will be attending camp in the table to the right. 

Check Week	Date
1	July 8-12
2	July 15-19
3	July 22-26
4	July 29-August 2
5	August 6-9 (4 days)
6	August 12-16
7	August 19-23

CHILD'S INFORMATION:

Name: _____

Birth Date: _____ Age as of July 1st, 2024: _____

Address: _____ City: _____

Postal Code: _____ Home Church (if any): _____

Parent(s)/Guardian Name(s): _____

Daytime Phone Numbers:

Home: _____ Work: _____

Cell: _____ Email: _____

Each day after camp my child will (Circle one): **Walk home** **Be picked up**

List anyone with permission to pick up your child (anyone picking up will be ID'd the first time):

***A signed note from a parent/guardian is needed if someone unlisted is picking up. ***

PHOTO PERMISSION:

Photos will be taken for various purposes during Camp. **Please Check all boxes that apply.**

I give my permission for my child’s photos to be used for the purpose(s) of:

- Social Media Posts
- Church Newsletters (online)
- Public Advertising
- None of the above

CHILD’S EMERGENCY CONTACT INFORMATION:

Child’s Name: _____ Health Card # _____

Family Doctor: _____ Doctor’s Phone #: _____

Other Emergency Contact (This person should be who we call if you can not be reached)

Name: _____ Phone Number: _____

CHILD’S HEALTH INFO

Known allergies (food/medications/insects/etc.):

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

Other known medical conditions, special needs, behavioural needs, or other concerns we may need to know:

Will medication be required at camp? (Circle one) **YES** **NO**

If yes, what, how, and when should it be administered?

Note – all medications need to have the original label on it with the child’s name, the medication’s name, and the medical information, or we are not allowed to administer it. All medications will be locked in the Camp Director’s office until they need to be administered)

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/Guardian Signature: _____ Date: _____