

C.I.T. APPLICATION FOR ENROLLMENT- 2021

PLEASE CHECK APPROPRIATE BOX

Session	
First 4 Weeks: June 28 - July 23	
Last 4 Weeks: July 26 - Aug. 20	
8 Weeks: June 28 - Aug. 20	
Other Weeks:(Fill in Dates)	

PLEASE
 INSERT
 PHOTO

FAMILY INFORMATION - PLEASE PRINT -

Camper's Name _____ Sex: M or F

Address _____ District _____ Postal Code _____

Cross Street(s) _____ Date of Birth: Month _____ Day _____ Year _____

School _____ Grade Completing June 2021 _____

Home Phone _____ Mother's Cell # _____ Father's Cell # _____

Mother's Name _____ Occupation _____ Bus. # _____

Father's Name _____ Occupation _____ Bus. # _____

Mother's E-Mail: _____ Father's E-Mail: _____

Parents are: Married: _____ Divorced: _____ Separated: _____ Widowed: _____ Remarried: _____

If remarried, name of step-parent(s): Step-Mom: _____ Step-Dad: _____

If divorced/separated, camper lives with: Mother: _____ Father: _____ Both: _____

Any restrictions on either parent's access/custody? No: _____ Yes: _____ If yes, please attach a note with details.

EMERGENCY INFORMATION

Emergency Contact _____ Phone # _____

Relationship to Camper _____ Camper Med. Card# _____ Expires _____

Pediatrician's Name _____ Phone # _____

Allergies and/or Other Pertinent Medical Information:*

Any medications that your child is taking: _____

*A separate camper health form must be filled out by your child's pediatrician prior to the start of camp.
 *Please notify the camp if there are any changes to the camper's medical history after completing this form.

THIS SECTION TO BE COMPLETED BY C.I.T.

I would like to work with: Boys Girls Ages: _____

Previous Camp Experience: _____ Year(s) Attended _____

Extra-curricular activities: _____

Swimming/aquatic activities: _____

Babysitting experience: _____

Other interests: _____

Why do you want to participate in the Counsellor-in-Training Program?

What strengths do you feel you would bring to the C.I.T. Program?

Signature of C.I.T. _____ Date _____

CHILD CARE RECEIPT: If you require a government receipt (Releve 24), please complete the following:

Name of person to be receipted: _____ / / _____
Social Insurance No.

PARENTAL AGREEMENT

I confirm my agreement that this document be drafted in English. Je confirme ma demande que ce document soit redige en anglais.

- I would like the Refund Insurance and have added the \$10 per wk/per camper to my Apr. 1st payment.
- I would like the lunch program and have added \$50 per wk/per camper to my Apr. 1st payment.
- I do not require the use of Redwood Camp's bus transportation.
- I would like to register my child for the extended day program between 7:30-8:45 A.M. and 3:30-5:30 P.M., available to campers not using Redwood's transportation (\$7 per hour/per camper).

For campers who are not using our bus service, please list the authorized names for pick up at camp: (Please print.)

A letter of reference is attached. I have read the **CONDITIONS OF ENROLLMENT** on the website/enclosed and I agree to abide by them. I am enclosing the \$375.00 **DEPOSIT**, bearing same date as the registration form, and a **POST-DATED CHEQUE(S), VISA OR MASTERCARD PAYMENT** dated April 1, 2021 for the balance **Camp fees are due in full for registrations after April 1, 2021.**

Parent's Signature _____

Parent's Name (Print) _____

Date _____