

APPLICATION FOR ENROLLMENT- 2020

PLEASE INITIAL APPROPRIATE BOX

Session	1st child	2nd child	3rd child
First 4 Weeks: June 29 - July 24			
Last 4 Weeks: July 27 - Aug. 21			
8 Weeks: June 29 - Aug. 21			
2 or 3 Week Option: Specify Dates			

PLEASE PLACE
PHOTO HERE

FAMILY INFORMATION - PLEASE PRINT -

Camper's Name _____ Sex: M or F

Address _____ District _____ Postal Code _____

Cross Streets -Between _____ and _____ Date of Birth: Month ___ Day ___ Year ___

School _____ Grade Completing June 2020 _____

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: ___ Single: ___

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 (if above cannot be reached)

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 prior to the start of camp.

*Please notify the camp if there are any changes to the camper's medical history after completing these forms.

PLEASE COMPLETE OTHER SIDE



CAMPER INFORMATION

SWIMMING: Badge Completed: _____

Current Swimming Level: _____

Other Swimming Information:

GROUPMATES: List preferred group mates (of same gender & school level and in order of importance)*

We will try our best to accommodate group requests, but they cannot be guaranteed. Please call us all by Apr. 1 for any updates.

PREVIOUS CAMP EXPERIENCES:

CHILD'S INTERESTS, GENERAL BEHAVIOUR: (Indicate if more interested in sports or art-related activities and comment on personality, emotional development, any difficulties)

SPECIAL REQUESTS, ADDITIONAL INFORMATION AND/OR ACTIVITY RESTRICTIONS THAT CAMP STAFF SHOULD BE AWARE OF?

CHILD CARE RECEIPT: Do you require a child care receipt? Yes _____ No _____

If you require a government receipt (Releve 24), you must 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 \$10 per week/per camper to my April 1st payment.

_____ I would like the lunch program and have added \$50 per week/ per camper to my April 1st payment.

_____ I would like the horseback riding for my child and have enclosed the consent form and have added \$70 per week/per camper to my April 1st payment.

_____ I would like golf lessons for my child and have added \$55 per week/per camper to my April 1st payment.

_____ I do not require the use of Redwood Camp's 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 perhour/per camper).

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

Hours required: AM: starting at: _____ PM: ending at: _____

I have read the **CONDITIONS OF ENROLLMENT** on the website/enclosed including the refund insurance policy and I agree to abide by them. I am enclosing the \$375 **DEPOSIT**, bearing same date as registration form, and **POST-DATED CHEQUE(S), VISA OR MASTERCARD PAYMENT** for each child that I am registering. **Camp fees are due in full for registrations after April 1, 2020.**

Parent's Signature

Parent's Name (Print)

Date