



# KIDSTIME FAMILY CENTRE SUMMER CAMP 2011 REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ SEX: M / F

DATE OF BIRTH      /      /      HEALTH CARD NUMBER \_\_\_\_\_  
MM / DD / YYYY

PARENT / GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### SESSION CHOICE (Please check mark the weeks enrolled)

- |                                       |                                       |  |   |
|---------------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> July 4 - 8   | <input type="checkbox"/> July 18 - 22 | <input type="checkbox"/> August 1 - 5  | <input type="checkbox"/> August 15 - 19 |
| <input type="checkbox"/> July 11 - 15 | <input type="checkbox"/> July 25 - 29 | <input type="checkbox"/> August 8 - 12 | <input type="checkbox"/> August 22 - 26 |

### EXTENDED HOURS (Please check mark the days enrolled for extended time)

	Morning 8am—9am					Evening 5pm—6pm				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
July 4 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 11 - 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 18 - 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 25 - 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 1 - 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 8 - 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 15 - 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 22 - 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD (must provide photo I.D.)

Name \_\_\_\_\_ ID \_\_\_\_\_

Name \_\_\_\_\_ ID \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe any allergies / medical conditions / special needs \_\_\_\_\_

**CONSENT:** I have read and agree with Kids Time Family Fun Centre's Summer Camp 2011 Policies and Procedures.

Name of Parent / Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_