



PARKS AND RECREATION

March Break Day Camp Registration Form 2012

Registration: Contact Nichole Lutz 679-2556

Ages 5 - 13 Start time 8:00am- 4:00pm

Kentville Recreation Centre, 354 Main Street

Accepted methods of payment are cash, debit, and personal cheque. Payment must be received in full before the start date of any session in which you wish to enrol your child.

To secure a spot in any session a post dated cheque may be used, however cheques must be post dated for the Monday prior to the week being booked. (i.e: March break session beginning March 12th a cheque must be post dated for March 5th) Registration is not complete unless payment in full, or a post dated cheque has been received, and the waiver form has been signed and submitted. (see attached) A charge of \$20.00 is applied by The Town to any cheques returned NSF.

Registration will be accepted for day to day or full week. Cost for camp is \$20.00 per day or \$80.00 for the week.

<u>CAMPER NAME/AGE</u>	<u>HEALTH CARD NUMBER</u>	<u>SESSION</u>
_____	_____	Full Week (March 12-16) Mon/ Tues / Wed / Thrs / Fri
_____	_____	Full Week (March 12-16) Mon/ Tues / Wed / Thrs / Fri
_____	_____	Full Week (March 12-16) Mon/ Tues / Wed / Thrs / Fri
_____	_____	Full Week (March 12-16) Mon/ Tues / Wed / Thrs / Fri

General Contact Information

Mother (or guardian) Name : _____

Home Phone: _____

Mailing Address:

Father (or guardian) Name : _____

Home Phone: _____ **Work Phone:** _____

Mailing Address: (if different from above)

Please list any allergies, relevant medical information or special needs your child has:

Emergency Contact:

Please provide the name and phone number of a person who may be contacted in an emergency, in the event that staff are unable to reach a parent or guardian.

Emergency contact: _____ Phone: _____

Family Doctor's Name _____ Phone: _____

I give permission for my son/daughters pictures to be taken and possibly used for promotion of activities ? Please sign _____

Is there anyone not permitted to pick up your child? _____

Indicate (if any) level of swimming completed by your child _____

Parent/ Guardian Signature: _____ Date: _____