

# Camp Application Form

CHILD

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB (M/D/Y): \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sex: **M / F**

FIRST PARENT / GUARDIAN

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Work Name/Address: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

SECOND PARENT / GUARDIAN

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Work Name/Address: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

CUSTODY INFO

Special Arrangements:  Y  N      Custody Order Provided:  Y  N  
 Details: \_\_\_\_\_  
 \_\_\_\_\_

EMERGENCY CONTACTS\*\* (OTHER THAN PARENTS)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone # 2: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone # 2: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

**\*\*EMERGENCY CONTACTS INCLUDES PERSONS TO WHOM CHILD MAY BE RELEASED\*\***

DOCTOR

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Date of MMR: \_\_\_\_\_  
 \_\_\_\_\_ Date of DPTP: \_\_\_\_\_  
 Medical Conditions: \_\_\_\_\_ Carries EPIPEN:  Y  N

Special Instructions: \_\_\_\_\_

**Note:** In case of emergency and I am/we are not able to be reached, I grant permission for the treatment of my child by the Physician selected by the staff. Also, I grant permission for my child to participate in all Day Camp programs and activities and for any supervised trips to places away from the Centre. I have read and understood this form and I will notify the Centre of any changes in writing.  
**Personal Information:** I hereby consent to the collection, use and disclosure of my child's information by the Centre for the purposes of providing child care services to my child enrolled in Centre programs. I understand that the Centre protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_