Summer Break Camp Registration Form 2024 JK-Gr.6 (as of Sept 2024) July 22-26 | 9 am-12 pm



Please fill out one form per child and send them to camp@gracechurch.ca

| Child's Name: | Date of Birth: | Age (as o | f July 22) |
|-----------------------------|------------------------|--------------------|------------|
| Address: | | Grade (in | Sept.2024) |
| City: | Postal Code: | Male | Female |
| Parent(s)/Guardian: | Relationship to Child: | | |
| Primary Phone #: | Secondary Phone #: | Secondary Phone #: | |
| Email address: | | | |
| Family Doctor: | Doctor's Phone #: | | |
| Home Church (if applicable) | Child's Health Card #: | | |

Names of friends your child would like to be in a group with:

| 5 | 0 1 | | |
|-----------|-----|-----------|-----|
| Full Name | Age | Full Name | Age |

Please provide information for other individuals in case of emergency and we are unable to contact you.

| Name | Phone # |
|------|---------|
| Name | Phone # |

Please give any information that we should be made aware of such as special needs, language barriers, illnesses, disabilities, or medical conditions etc.

Is your child on any medication? (Please list):

| Are you leaving medication to be administered to your child? No | Yes | If yes, please provide written instructions. |
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Please list any allergies or food sensitivities your child has.

NEW Please select one elective for your child to participate in: Crafts

Medical Statement & Informed Consent:

| I understand that in the case of emergency or illn | ess, Grace Church staff will make every effort to contac | t the child's parents or guardians. In the event that | | |
|---|--|---|--|--|
| staff cannot contact me, I agree that a qualified med | dical physician may attend to my child. I hereby release | Grace Church, its staff and its volunteers from any | | |
| and all liability. | | | | |
| Children enrolled in Grace Church Summer Breal | k Camp may be involved in some of the following activit | ies: running, water fun, games, crafts, sports, | | |
| activities in the gymnasium, and using the Grace Church facilities. Throughout the week, staff will also take pictures of the kids participating in various | | | | |
| activities. Some of these pictures will be used to promote Summer Break Camp to our church and/or the community through social media. | | | | |
| I permit Grace Church to use photos of my child(ren) | Please check I permit my child's photo to be | | | |
| for the promotion of Camp as described above. | here → for in-house VBS presentations | | | |
| | | | | |
| I hereby give permission for my child to participate in all Camp activities. | | | | |
| | · | | | |
| Parent/Guardian Signature: | Dat | e: | | |
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Camp Fee: \$30.00/child E-transfer to donations@gracechurch.ca. Put "Child's last name – Camp" in the description.

Office Use Only:

Total Payment \$____

Rec'd Date: ____

games/sports