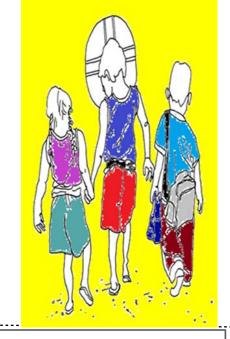
## DAY CAMP

at St. Stephen's 7921 St. Stephen Road (off Mt. Newton X Road)

July 30-Aug 3 2018, 10 AM-3 PM

Children aged 4-12



## Please fill out this registration form and return it to Dave at central.saanich.youth@shaw.ca

Camper's Name (first, last):		
Camper's Birth Date (MM/D	D/YYYY):	
Grade level completed in 202		
Language(s) spoken:		
		_
Telephone:	Email:	
Who is permitted to collect t		mp?
	Phone num	ber:
Health Card #:		
Does the camper have any a	llergies, health concerns, or	r special needs we should be aware of?
Emergency contact, other th	an parent listed above (nan	ne, telephone, and relationship):
The camp staff may take pho	 otographs of the children ar	nd use them for publicizing the Day Camp. If
you do not wish your child's	picture to be taken or used	, please inform us in writing.
In case of medical emergency, the camp staff will make every effort to contact the parent(s) or		
emergency contact listed ab	ove, but reserves the right t	o seek necessary medical treatment.
Signature of parent or guard	ian:	Date: