

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/DD/YYYY): _____

Grade level completed in 2017: _____

Language(s) spoken: _____

Name of Parent(s) or Guardian(s): (first, last) _____

Telephone: _____ Email: _____

Who is permitted to collect the camper from the Day Camp? _____

Phone number: _____

Health Card #: _____

Does the camper have any allergies, health concerns, or special needs we should be aware of?

Emergency contact, other than parent listed above (name, telephone, and relationship):

The camp staff may take photographs of the children and 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 above, but reserves the right to seek necessary medical treatment.

Signature of parent or guardian: _____ Date: _____