



Don Valley Christian Child Care
25 Axsmith Crescent
North York, ON
M2J 3K2
(416) 491-6421
sitsdaycamp@gmail.com
www.dvbc.com/community-services/sits-day-camp

2019 DAY CAMP Registration FORM

Parents, please print clearly when completing this form. Include your registration fee of \$25.00 per child with this form (this non-refundable fee will hold your child's space and provides your child with a camp t-shirt). We require that new applicants include a registration fee of \$175.00 (this fee includes the \$150.00 payment for your child's first registered week at camp and the non-refundable \$25.00).

Please make cheques payable to: DON VALLEY CHRISTIAN CHILD CARE

Child's Name _____
Date of Birth ____/____/____ **Age** _____ **Grade Completed as of June 30th** _____
Home Phone #: (____) ____ - _____
Current Address (including Postal Code) _____

PARENT/GUARDIAN INFORMATION

	Guardian 1	Guardian 2
Name		
Relationship to Child		
Home Address		
Employer		
Home Phone #	()	()
Cell Phone #	()	()
Work Phone #	()	()
Email address	_____@_____	

MEDICAL INFORMATION

Doctor's Name	
Doctor's Phone #	()
Doctor's Address	
Food Allergies	
Medical Allergies	
Does Your Child Take Medication? If so, what?	
Other Developmental, Physical or Health Concerns?	
Date of Last Tetanus Shot	

CHILD INFORMATION

T-SHIRT SIZE

In order to ensure that your child receives a t-shirt that fits properly for the duration of his or her time at camp, we ask that you check the appropriate box of what size shirt your child requires. Camp t-shirts must be worn on all trip days.

✓	Youth Sizes	✓	Adult Sizes
	Small (8-10)		Small
	Medium (10-12)		Medium
	Large (12-14)		Large

SWIMMING ABILITIES

Level Completed _____ Association where Tested _____

CHILD ESCORTS

If you have made arrangements for an alternate pick up person (someone other than one of the two guardians listed above), please inform the day camp staff ahead of time.

Your child needs to be signed in and out every day. This means that every child needs to be picked up by a parent or guardian at all times and cannot leave the premises without further notification to the camp director.

Name _____
Work # () _____

Relationship _____
Home # () _____

Name _____
Work # () _____

Relationship _____
Home # () _____

EMERGENCY CONTACT PERSON

***We will contact this person if we are unable to reach either parent/guardian**

Name _____

Relationship _____

Cell # (____) _____

Home # (____) _____

SEE NEXT PAGE FOR "MEDICAL RELEASE AND ADDITIONAL CONSENT"
FORMS

MEDICAL RELEASE AND ADDITIONAL CONSENT

MEDICAL RELEASE

If at any time due to circumstances such as an accident, sudden illness or emergency, I give my consent for any required medical treatment including anesthetic if necessary, by a private physician or hospital. I also consent to emergency transportation if necessary.

(Parent/Guardian signature)

FIELD TRIP CONSENT

I understand that the day camp will be having weekly field trips and that all details for these events will be posted for my knowledge and information. The field trip costs are included in the weekly fees. I give my permission for _____ to be transported
(child's name)
by public transportation or school bus rental so that he/she can participate in any supervised camp trip off the day camp/church property. Reminder, camp grounds are closed during all offsite trips.

PICTURES

Every day of every week we try to preserve the memory of camp by taking pictures of the Children. To ensure that we have your permission to take photos of your child, please check the appropriate response below. Also please note that pictures of your child will be included in the weekly photos and the final camp video.

I allow pictures to be taken of my child _____

I do not allow any pictures to be taken of my child. _____

(Parent/Guardian signature)

DAY CAMP POLICIES AND PARENT INFORMATION

I have read and understood the Day Camp Policies and Parent Information Form. I agree to follow the outlined procedures while my child is attending Summer In The Sun Day Camp.

I, _____, have read, understood and agree to the above outlined policies

(Print parent/guardian name)

Parent/Guardian Signature: _____

Date: _____



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2019 DAY CAMP WEEKLY TRIPS

*** Please place a check beside the week(s) that you wish to attend ***

Select	Week - Dates	Trip	Cost
	Week 1 July 2-July 5	TORONTO ZOO <small>*Please note Camp starts on Tuesday*</small>	\$150
	Week 2 July 8-12	WET N' WILD	\$150
	Week 3 July 15-19	SCIENCE CENTRE	\$150
	Week 4 July 22-26	WET N' WILD	\$150
	Week 5 July 29- Aug 2	THE ROYAL ONTARIO MUSEUM	\$150
	Week 6 August 6-9*	SLEEPOVER & MOVIE <small>*Please Note Camp Starts on the Tuesday*</small>	\$150
	Week 7 August 12-16	TORONTO BLUEJAYS GAME	\$150

*Shortened week due to Statutory Holiday

Please note that each trip is tentative and subject to change with notice.

The cost for each week of camp is calculated according to the cost of the weekly trip, materials that will be provided for your child in the form of equipment or crafts, two snacks per day, as well as a USB that includes photos from the summer and the Camp Video.

OFFICE USE ONLY

\$25 Registration Fee Paid _____

Weekly Fees Paid _____

Total Amount _____

Date _____