



Burnaby Neighbourhood House
Spring Break Daycamp Program 2016

Child's First Name	Child's Last Name	Sex	Date of Birth ____/____/____ MM/DD/YYYY
Child's Address		City	Postal Code
Home Phone #	Language(s) Spoken		Grade
Mother's First Name	Mother's Last Name	Home #:	
		Work #:	
		Cell #:	
Father's First Name	Father's Last Name	Home #:	
		Work #:	
		Cell #:	

Emergency Contact (Who Is Not Child's Parent)

First Name	Last Name	Relationship	Home #:
			Work #:
			Cell #:

For safety reasons we need to know how your child will get home each day.

- Walk home on own Walk home with siblings
 Picked up by: 1. _____ 2. _____
(Print Name) (Print Name)

Medical Information

The purpose of the Medical Information is to obtain information that will help us ensure that your child has a safe and pleasant experience.

Child's BC Medical #	Other Medical Insurance Plan #		
Child's Doctor	Phone #	Child's Dentist	Phone #

Does your child have any health problems, disabilities we should be aware of?

Does your child require special assistance to participate in any activities in school?

Does your child have any allergies (example; bee stings, peanuts)?

Please list all medications your child is currently taking:

- I have completed an up-to-date registration form and agree to inform B.N.H. staff of changes affecting its accuracy.
- I agree that my child(ren) will follow all reasonable instructions and directions of the leaders and instructors duly appointed by the B.N.H. in connection with participation in the Daycamp program.
- I hereby release, remise and forever discharge B.N.H., its employees or agents, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in anyway connected with participation in any program or attendance at any location operated by B.N.H.
- I give my permission to Burnaby Neighbourhood House to:
 - take my child on outings while in Daycamp
 - use pictures taken of my child for within the facility and in B.N.H. promotional material
 - call a physician or ambulance in the case of an accident or illness of my child when I cannot be immediately reached

Signed: _____ Date: _____

Office Use Only: Do Not Write in this Space

Camp Location:

- Maywood Marlborough Stride Gilpin Douglas Lochdale Suncrest
 Clinton

Program: Primary Intermediate

Days: Mar 14 Mar 15 Mar 16 Mar 17 Mar 18
 Mar 21 Mar 22 Mar 23 Mar 24

Payment Info:

Camp Fees: \$ _____ **Paid:** \$ _____ Cash Cheque