



Burnaby Neighbourhood House Summer 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 in Sept 2016
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 #:
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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)

Person(s) **NOT** authorized to pick up your child:

Name: _____ Relationship to child: _____

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 #	Is your child's immunization up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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:			

Swimming Information

Confident Capable Weak Non-swimmer Fear of water

Swimming Level: _____

Burnaby Neighbourhood (B.N.H.) House Daycamp Waiver

- 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 Stride Douglas Gilpin Clinton

Program: Summer Fun Club Youth Adventures SACC Rec & Read

Weeks Registered: 1 July 4-8 2 July 11-15 3 July 18-22

4 July 25-29 5 August 1-5 (short week) 6 Aug 8-12

Weeks Waitlisted: 1 2 3 4 5 6

Payment Info:

Camp Fees: \$ _____ **Subsidy:** \$ _____ Bureau Ministry Others

Paid: \$ _____ Cash Cheque

Date Enrolled: _____

MM/DD/YYYY