

GJONES KIDS SUMMER CAMP

Registration Form

Child Information #1

First Name		Middle		Last Name			
Nickname/Name Child Responds to		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Birth Date dd mm yyyy		Starting Date dd mm yyyy	
Street Address		Apt. #	City			Province	Postal Code
Child's First Language		Child's Second Language			Language(s) Spoken at Home		
Person(s) with whom the child lives							

Child Information #2

First Name		Middle		Last Name			
Nickname/Name Child Responds to		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Birth Date dd mm yyyy		Starting Date dd mm yyyy	
Street Address		Apt. #	City			Province	Postal Code
Child's First Language		Child's Second Language			Language(s) Spoken at Home		
Person(s) with whom the child lives							

Child Information #3

First Name		Middle		Last Name			
Nickname/Name Child Responds to		Sex M <input type="checkbox"/> F <input type="checkbox"/>		Birth Date dd mm yyyy		Starting Date dd mm yyyy	
Street Address		Apt. #	City			Province	Postal Code
Child's First Language		Child's Second Language			Language(s) Spoken at Home		
Person(s) with whom the child lives							

Parent/Guardian Information

First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Home Address			Home Phone No.	
Employer			Work Phone No.	Extension
Job Title	Email Address		Cell Phone No.	
First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian
Home Address			Home Phone No.	
Employer			Work Phone No.	Extension
Job Title	Email Address		Cell Phone No.	

Alternative Emergency Contact

First Name	Last Name	Relationship	Phone No.
Home Address		Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?
First Name	Last Name	Relationship	Phone No.
Home Address		Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language?

Person(s) Authorized to Pick Up Child (including Mother & Father), with photo ID

First Name	Last Name	Relationship	Phone No.
First Name	Last Name	Relationship	Phone No.
First Name	Last Name	Relationship	Phone No.

Health / Nutrition

Words child/children use for toileting			
Illness(es) child/children has had			
Does the child/children have any of the following (please specify which child if you have more than one child):			
Have vision problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Take medications?
Have hearing problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have allergies?
Have speech/language problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have food dislikes?
Require a special diet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have other health concerns?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Specify and comment on items ticked 'yes'

Please note any other special considerations regarding your child:

I agree to the Christian beliefs, ethos and teaching of the program.

Emergency Health Information

(If more than one child, please list them).

Medical Insurance No.	Care Card / Personal Health No.
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Emergency Consent

It is the policy of GJones Kids Summer Camp to notify parents/guardians when their child is ill or needs medical attention. Occasionally, we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child. Return the signed form to us immediately.

I hereby give my consent for my child/children, _____, when ill, to be taken to the nearest emergency centre by the staff of GJones Kids Summer Camp when I cannot be contacted.

I consent to an ambulance being called to transport the child, if necessary.

Signature or Parent / Guardian	Name (please print)	Date	dd	mm	yyyy
		Signed			