

CAMP EDIFY – REGISTRATION FORM – 2011
801 Progress Avenue (Bellamy/Progress)
416-289-1463

1

CAMPER INFORMATION:

Child's Name: _____ Age: _____

D.O.B. _____ SEX: Male Female

I would like to order and pay in advance for a T-shirt for my child: Yes / No

T-shirt Size: (S,M,L,XL,XXL) _____ Youth Size or Adult Size

SESSIONS REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Week 1 – July 11 – 15 th | <input type="checkbox"/> Week 4 – August 2 – 5 th |
| <input type="checkbox"/> Week 2 – July 18 – 22 nd | <input type="checkbox"/> Week 5 – August 8 – 12 th |
| <input type="checkbox"/> Week 3 – July 25 – 29 th | <input type="checkbox"/> Week 6 – August 15 – 19 th |

Who should the tax receipt for camp fees be made out to?

First Name: _____ Last Name: _____

FAMILY INFORMATION:

Who does the child live with? Mother Father Legal Guardian

MOTHER'S Name: _____

E-mail Address: _____

Address: _____

Home# () _____ - _____ Work# () _____ - _____

FATHER'S Name: _____

E-mail Address: _____

Address: _____

Home# () _____ - _____ Work# () _____ - _____

Legal Guardian (if different from above) _____

E-mail Address: _____

Address: _____

Home# () _____ - _____ Work# () _____ - _____

1

MEDICAL INFORMATION

TO BE COMPLETED BY PARENT/ or GAURDIAN:

Does this child have any medical conditions?

Diabetes []
Asthma []
Hay Fever []
Epilepsy []
Other []

If YES, please specify: _____

Does this child have food, drug, or insect sting allergies? YES [] NO []

If YES, please specify: _____

Does this child require a bee sting kit/EPI Pen? YES [] NO []

Is this child on specific mediation? YES [] NO []

If YES, please specify type and dosages _____

Is this child on a special diet? YES [] NO []

If YES, please specify: _____

Are there dietary restrictions due to health, religious, or other reasons?
 YES [] NO []

If YES, please specify: _____

What is the date of child's last immunization for Tetanus? _____

Please indicate, to best of knowledge, the child's swimming ability:

_____ Not at all

_____ A little (floats, holds head under water)

_____ Fairly well (swims a few feet by self)

_____ Very well (can swim under/above water and in deep water)

CAMP EDIFY – REGISTRATION FORM – 2011
801 Progress Avenue (Bellamy/Progress)
416-289-1463

6

Refer a child to Camp and receive a Discount on your Registration fees!!
Submit this form when you Register.

Referral Guidelines:

- 1 – Referred Child will be attending Camp EDIFY for the first time
- 2 – Referred Child will attend Camp EDIFY for a minimum of 2 weeks
- 3 – First and Last deposit of \$75 applies to everyone
- 4 – The discount applies to any/all of the remaining 4 weeks of camp.

Example1 - Your child is attending camp for 3 weeks, first and last will be \$75 and the third week will be \$50.

Example2 - Your child is attending camp for all 6 weeks, first and last will be \$75 and the 2nd, 3rd, and 4th and 5th week will be \$50.

REFERRALS – I referred someone to camp

Please apply the discount to me after you have verified that I have referred the following child:

Childs' First Name

Child's Last Name

Who can we contact to confirm this referral?

Parent's First Name

Parent's Last Name

Parent's email address: _____

Parent's phone number: _____

REFERRALS – someone referred Camp EDIFY to me

I was referred by the following individual who also has a child attending Camp EDIFY:

Name: _____

Parents' First Name

Parents' Last Name

Home#: () _____

Cell#: () _____

6