

FRESH AIR DAYCAMP REGISTRATION
2916 MCBRIDE AVE, SURREY, BC V4A 3G2
PHONE: 604-535-0015 FAX: 604-535-2720

www.alexhouse.net

Please fill out form in full.

PARTICIPANT INFORMATION				
CHILD'S FIRST NAME	CHILD'S LAST NAME	GENDER	AGE	BIRTHDATE
NICKNAME	LANGUAGE SPOKEN AT HOME	DAYTIME PHONE		
PARENT/GUARDIAN'S NAME	E-MAIL			
HOME ADDRESS	CITY	POSTAL CODE		
PEOPLE AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP				
NAME	RELATIONSHIP	PHONE #		
NAME	RELATIONSHIP	PHONE #		
MEDICAL INFORMATION				
CARE CARD #	DOCTOR'S NAME	DOCTOR'S PHONE #		
MEDICAL / FOOD ALLERGIES * <i>(Please complete medical appendix if needed.)</i>				
OTHER HEALTH CONCERNS OR EMOTIONAL/BEHAVIOURAL NEEDS				
EMERGENCY CONTACTS				
NAME	RELATIONSHIP	DAYTIME PHONE #	OTHER PHONE #	
NAME	RELATIONSHIP	DAYTIME PHONE #	OTHER PHONE#	
OTHER PROFESSIONALS WORKING WITH YOUR CHILD				
NAME	POSITION	PHONE #		
PLEASE ATTACH A RECENT PHOTO OF YOUR CHILD TO THE APPLICATION FORM				

CAMP DATES AND FEES						
Please check boxes noting which week(s) your child will be attending.					Optional Fees	
<input type="checkbox"/>	July 2 – 5 (4 days)	\$200	<input type="checkbox"/>	July 29 – Aug. 2	\$225	Before & After care (\$15 /day) LIMITED SPACE
<input type="checkbox"/>	July 8 -12	\$225	<input type="checkbox"/>	Aug. 6 – 9 (4days)	\$200	Camp Alex T-shirt - \$15
<input type="checkbox"/>	July 15 – 19	\$225	<input type="checkbox"/>	Aug. 12 – 16	\$225	Donation for a less fortunate child to attend
<input type="checkbox"/>	July 22 – 26	\$225	<input type="checkbox"/>	Aug 19 – 23	\$225	
Total amount to be paid						
PAYMENT OPTIONS						
<input type="checkbox"/>	Cheque - payable to Alexandra Neighbourhood House				<input type="checkbox"/>	VISA # Expiry Date
<input type="checkbox"/>	Debit/Cash – office hours 9am – 4 pm				<input type="checkbox"/>	MASTERCARD # Expiry Date
<input type="checkbox"/>	Paypal – online				<input type="checkbox"/>	AMEX # Expiry Date
REFUND POLICY						
No refunds within 14 days of camp commencement. Prior to 14 days, please request refund in writing and note that there will be a \$25 administration fee per camper.						
PARENT/GUARDIAN CONSENT – RELEASE & LIABILITY WAIVER						
Please check boxes noting consent						
<input type="checkbox"/>	I/we agree that members of our family will follow all reasonable instructions and directions of the leaders duly appointed by the Association of Neighbourhood Houses of BC (ANHBC) (dba Alexandra Neighbourhood House) in connection with the operation of the Fresh Air Day Camp program as described in the brochure.					
<input type="checkbox"/>	I/we hereby release, remise and forever discharge ANHBC and its employees or agents, of and from all manner of actions, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out or in any way connected with participation in any program or attendance at any location used or operated by the ANHBC.					
<input type="checkbox"/>	In the event that a participant is injured, becomes ill, or in need of medical attention and I am unable to be contacted, I authorize ANHBC staff to seek medical care for and/or admit to hospital.					
<input type="checkbox"/>	I /we authorize Alex NH staff to apply sunscreen to our child as required. I agree to provide sunscreen for my child.					
<input type="checkbox"/>	I/we authorize ANHBC to take photographs/videos of our child while participating in the Fresh Air Day Camp Program.					
<input type="checkbox"/>	I/we authorize ANHBC to use any photographs/video taken of our children while participating in the Fresh Air Day Camp program on organizational websites, and other promotional materials of Alex NH and/or ANHBC and to be shared with Alex NH or ANHBC funders.					
Our community has a number of exciting educational and fun adventures for children to experience. We will be going on field trips in the community every Friday, however, occasionally field trips into the community will occur in the moment. This may include walks in the neighbourhood and/or to the beach.						
<input type="checkbox"/>	I/we, authorize my children to participate in field trips into the community and understand that they may use Alex NH or Alex NH staff vehicles to transport my child.					
Parent/Guardian Name						

Parent/Guardian Signature		Date
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