

Alex House Fresh Air Spring Break Nature Camp

2916 McBride Avenue, Crescent Beach, Surrey, BC V4A 3G2

Phone: (604) 535-0015 | Fax: (604) 535-2720

www.alexhouse.net | info@alexhouse.net

Please Fill Out Completely

APPLICANT INFORMATION				
CHILD'S FIRST NAME	CHILD'S LAST NAME	GENDER	AGE	BIRTHDATE
HOME PHONE	OTHER PHONE	LANGUAGE SPOKEN AT HOME		
PARENT/GUARDIANS' NAME (S)		EMAIL		
PARENT/GUARDIANS' NAME (S)		EMAIL		
HOME ADDRESS	CITY	POSTAL CODE		
AUTHORIZED TO PICK UP CHILD FROM PROGRAM				
NAME _____		PHONE _____		
AUTHORIZED TO PICK UP CHILD FROM PROGRAM				
NAME _____		PHONE _____		
** PLEASE ADD RECENT PHOTO OF CHILD				

*Please fill out Medical Appendix

EMERGENCY CONTACT		
NAME	RELATIONSHIP	PHONE
CARE CARD NUMBER	DOCTOR'S NAME	DOCTOR'S PHONE
MEDICAL ALLERGIES*		
FOOD ALLERGIES*		
OTHER HEALTH PROBLEMS, PHYSICAL DISABILITY OR BEHAVIOURAL SUPPORT NEEDS*		

CAMP DATES			
Week #1 March 16-20, 2020	\$200	Week #2 March 23 - 27, 2020	\$200

PAYMENT AGREEMENTS

Basic Camp Fees \$ _____

Before & After Care (\$15.00 per day) \$ _____
(Limited space)

Donation to assist a less fortunate child attend camp \$ _____

Tax receipt will be issued if \$25 or more

OPTIONS

Cheques Payable to: **Alexandra Neighbourhood House**

VISA

MasterCard

Direct Debit

Cash: Between office hours 9 AM – 4 PM

* For MasterCard/VISA: Please call with card number between office hours of 9 AM – 4 PM

Total Paid: \$ _____

REFUND POLICY

No refunds within 14 days of camp commencement. Prior to 14 days, please request refund in writing and note there will be a \$25 admin fee per camper.

PARENT CONSENT – RELEASE & LIABILITY WAIVER

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 as Alexandra Neighbourhood House) in connection with the operation of the Camp Alex Play Away Day Camp program as described in the brochure.

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 of or in any way connected with participation in any program or attendance at any location used or operated by the ANHBC.

I /we, understand that there are outings into the community in this program and my son/daughter is allowed to attend _____ these outings and be transported by the staff of Alexandra Neighborhood House.

In the event that the camper is injured, 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.

I/We authorize Alex NH to apply sunscreen to our child as required.

I/We authorize ANHBC to use any photographs/video taken of our child while participating in Alexandra Neighbourhood House (Alex NH) programs and activities. I/we authorize the use of these photographs/video in brochures, on organizational websites and other promotional materials of Alex House and/or the Association of Neighbourhood Houses of BC (ANHBC), and to be shared with Alex House/ANHBC funders.

PHOTO CONSENT: Please indicate	YES	NO
SIGNATURE OF CHILD’S LEGAL GUARDIAN	DATE	