



Rainbow Mentors SUMMER DAY CAMP 2019 REGISTRATION

REGISTRATION PROCEDURES / GUIDELINES - Day camp registration forms can be dropped off at Rainbow Mentors or sent in by email 140 King St E, unit 101; email : info.rainbowmentors@gmail.com No later then June 24, 2019 must be at least 4 years old by the time they attend camp (born 2015) - Payment will be accepted by credit card, debit, credit or cash -

Communication regarding camp acceptance will be made through email

Contact Sean Cullen- Camp Supervisor with any questions (sean.rainbowmentors@gmail.com)

CAMPER NAME: _____ AGE: _____ MEMBERSHIP # _____
ADDRESS: _____ POSTAL CODE: _____
EMAIL: _____ BIRTHDAY: _____
GENDER: _____ (mm/dd/yyyy)

CAMPER SHIRT SIZE XS (2-4) _____ S (6-8) _____ M (10-12) _____ L (14-16) _____ XL (18-20) _____

PARENT/GUARDIAN #1: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____ EMAIL: _____

PARENT/GUARDIAN #2: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____ EMAIL: _____

PARENT/GUARDIAN #3: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____ EMAIL: _____

FAMILY DOCTOR: _____ PHONE #: _____

EMERGENCY CONTACT #1: _____ EMERGENCY CONTACT #2: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

CONTACT PHONE #: _____ CONTACT PHONE #: _____

SPECIAL INFORMATION (Allergies, Medication, Restricted Activities, Behavioural, etc.)

DOES YOUR CHILD REQUIRE A ONE-TO-ONE SUPPORT? YES ___ NO ___ (If yes, please see Inquire for additional form)

HOW DID YOU HEAR ABOUT OUR CAMP?

**DROP-OFF / PICK-UP
INFORMATION:**

Early drop off starts no earlier than 7:30am and late pick up runs no later than 5:30pm (available for \$15/hour)

DROP-OFF: _____ AM PICK-UP: _____ PM CHILD TAKES BUS OR WALKS HOME BY THEMSELF _____ (X)

PICKED UP BY: PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN NAME: _____

OTHER NAME(S): _____

RELATIONSHIP TO CHILD: _____

CAMP WEEK SELECTION WEEK 1 > July 8 - July 12

WEEK 2 > August 12 - August 16

WEEK 1 (July 8-12) Full Week \$250

Individual days \$50/day (please put a check mark next to the days you wish to enrol)

Day		AGE
Mon. July 8	_____	_____
Tues. July 9	_____	_____
Wed. July 10	_____	_____
Thurs. July 11	_____	_____
Fri. July 12	_____	_____

WEEK 2 (August 12-16) Full Week \$250

Individual days \$50/day (please put a check mark next to the days you wish to enrol)

DAY		AGE
Mon. Aug. 12	_____	_____
Tues. Aug. 13	_____	_____
Wed. Aug. 14	_____	_____
Thurs. Aug. 15	_____	_____
Fri. Aug 16	_____	_____

PERMISSIONS

I hereby give permission for photographs and video to be taken of my child/ren to be used for the Rainbow Mentors website/program brochure/e-newsletter/social media/advertising and other promotional material for Rainbow Mentors.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

I _____ hereby give permission for my child to attend weekly trips and understand they will be using public transportation or walking to each destination. **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____

The undersigned acknowledges he/she shall not hold the Rainbow Mentors responsible or liable for any loss, damage or injury to their children. They agree to assume all risk inherent in the program and its component activities and saving in the event of gross negligence, shall release and hold Rainbow Mentors its officers or agents harmless from any and all liability and claims he/she may have as a result of their child's participation or involvement, such to be binding not only upon him/herself, but also my child's heirs, executors, administrators and successors. **PARENT/GUARDIAN SIGNATURE:**

DATE: _____

For OFFICE USE ONLY

PAYMENT INFORMATION SUBSIDY REQUEST

TOTAL WEEK ___ X = \$ _____ TOTAL AMOUNT REQUESTED: \$ _____ TOTAL EARLY DROP-OFF/ LATE PICK-UP ___ X \$
= \$ _____ SUBSIDY AMOUNT APPROVED: \$ _____ CASH, DEBIT, VISA, MC, _____ = TOTAL \$ _____ SUPERVISOR APPROVAL:

RECEIPT #: _____ FORM ATTACHED: Y N STAFF INITIALS: _____ FAMILY CONTACTED W/ DECISION: Y N