



# South Burnaby Neighbourhood House Daycamp Program 2010

<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Sex</b>	<b>Date of Birth</b> _/_/____ MM/DD/YYYY
<b>Child's Address</b>		<b>City</b>	<b>Postal Code</b>
<b>Home Phone #</b>	<b>Language(s) Spoken</b>		<b>Grade in Sept 2010</b>
<b>Mother's First Name</b>	<b>Mother's Last Name</b>	<b>Home #:</b>	
		<b>Work #:</b>	
		<b>Cell #:</b>	
<b>Father's First Name</b>	<b>Father's Last Name</b>	<b>Home #:</b>	
		<b>Work #:</b>	
		<b>Cell #:</b>	

### Emergency Contact (Who Is Not Child's Parent)

<b>First Name</b>	<b>Last Name</b>	<b>Relationship</b>	<b>Home #:</b>
			<b>Work #:</b>
			<b>Cell #:</b>

For safety reasons we need to know how your child will get home each day.

- Walk home on own       Walk home with siblings  
 Picked up by: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
(Print Name) (Print Name)

### Medical Information

The purpose of the Medical Information is to obtain information that will help us ensure that your child has a safe and pleasant experience.

<b>Child's BC Medical #</b>	<b>Other Medical Insurance Plan #</b>		
<b>Child's Doctor</b>	<b>Phone #</b>	<b>Child's Dentist</b>	<b>Phone #</b>

Does your child have any health problems, disabilities we should be aware of?

Does your child require special assistance to participate in any activities in school?

Does your child have any allergies (example; bee stings, peanuts)?

Please list all medications your child is currently taking:

### Swimming Information

- Confident     Capable     Weak     Non-swimmer     Fear of water  
**Swimming Level: \_\_\_\_\_**

**South Burnaby Neighbourhood (S.B.N.H.) House Daycamp Waiver**

- I have completed an up-to-date registration form and agree to inform S.B.N.H. staff of changes affecting its accuracy.
  
- I agree that my child(ren) will follow all reasonable instructions and directions of the leaders and instructors duly appointed by the S.B.N.H. in connection with participation in the Daycamp program.
  
- I hereby release, remise and forever discharge S.B.N.H., its employees or agents, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in anyway connected with participation in any program or attendance at any location operated by S.B.N.H.
  
- I give my permission to South Burnaby Neighbourhood House to:
  - take my child on outings while in Daycamp
  - use pictures taken of my child for within the facility and in S.B.N.H. promotional material
  - call a physician or ambulance in the case of an accident or illness of my child when I cannot be immediately reached

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only: Do Not Write in this Space**

**Camp Location:**  Maywood  Marlborough  Stride  Edmonds  Douglas  Clinton

**Program:**  Summer Fun Club  Youth Adventures  SACC

**Weeks Registered:**  1 July 5 - 9  2 July 12 - 16  3 July 19 - 23

4 July 26 - 30  5 Aug 3 - 6(Short Week)  6 Aug 9 - 13

**Weeks Waitlisted:**  1 July 5 - 9  2 July 12 - 16  3 July 19 - 23

4 July 26 - 30  5 Aug 3 - 6(Short Week)  6 Aug 9 - 13

**Payment Info:**

**Camp Fees:** \$ \_\_\_\_\_ **Subsidy:** \$ \_\_\_\_\_  Bureau  Ministry

**Paid:** \$ \_\_\_\_\_  Cash  Cheque