

The Westdale Children's School
SUMMER CAMP 2020

The Westdale Children's School offers 1-week Summer Camps for two different age groups in July and August.

This year the camps will run July 6-10th and August 10-14th 2020.

All camp programs will run Monday through Friday from 9:00 a.m. until 2:00 p.m.

Healthy snacks and lunch are provided.

Please contact us regarding extended care.

HOW TO REGISTER:

Advanced registration is required.

Please complete this Health & Registration Form in **full** and mail or deliver to:

The Westdale Children's School,
2 Bond Street North (inside St. Cuthbert's Presbyterian Church),
Hamilton, Ontario, L8S 3W1.

Spaces will be allocated based on the order of receipt of completed registration forms with payment.

The camp fee is \$250 per week (tax included).

Program fees are non-refundable after the first day unless a waiting list exists and the vacant space(s) can be filled.

Refunds, if applicable, are pro-rated according to the balance of the program remaining.

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HEALTH & REGISTRATION FORM

PLEASE COMPLETE ONE FORM PER CAMPER

I wish to register my child for the following camps:

Camps for 3 to 6 year-olds:

- July 6-10
- August 10-14

Camps for 7 to 10 year-olds:

- July 6-10
- August 10-14

Payment by: **Cash/Cheque** (circle one) in the amount of: _____

Notes (For example if paying for more than one child on the same cheque): _____

Child's Name: _____ **Child's Birth:** _____

Child's Address: _____

Parent's Name: _____ **email*:** _____

Home Phone: _____ **Business:** _____ **Cell:** _____

Parent's Name: _____ **email*:** _____

Home Phone: _____ **Business:** _____ **Cell:** _____

**For camp confirmation and announcements*

Emergency Contact (if parents cannot be reached):

Name: _____ **Relationship:** _____

Phone: _____

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Health Card Number:

Doctor: _____ Phone:

Does your child have a medical/dietary condition that we should be aware of (e.g., food, drug or insect allergies, asthma, dietary restrictions, etc.)?

Please Circle: YES NO

Details: _____

Is your child on any medication?

Please Circle: YES NO

Explain: _____

AUTHORIZATION AND LIABILITY:

If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and/or emergency contacts.

Please Circle: YES NO

Restrictions: _____

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In my/our absence, I authorize the following people to pick-up my child (no others will be permitted to pick-up your child, without prior consent):

The Westdale Children's School is not responsible for any accident, injury or loss, however sustained, to your child or child's property, or for personal injury or mishap. Our programs include outdoor hikes in hilly terrain, crafts and active games. All activities are at the risk of the participant. The parent/guardian is assuming full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions that are present. It is assumed that the parent/guardian will know the child's condition or will seek advice before completing this form. The parent/guardian will notify the Westdale Children's School if, for any reason, this permission should be changed or withdrawn.

By signing below I agree and acknowledge that my child has my permission to participate in all activities and will participate in any activity entirely at his/her own risk and that he/she is medically fit to undertake such activities; and that photos taken at camp may be used by The Westdale Children's School for promotional purposes (e.g., newspapers, WCS publications and website).

Please list any exceptions:

Parent/Guardian Signature: _____

Date: _____

How did you hear about WCS Camp? _____