

Counsellor in Training Registration Form 2007

Camp Marshes and Moccasins

WYE MARSH WILDLIFE CENTRE
 P.O. BOX 100, MIDLAND, ON L4R 4K6
 Phone: (705) 526-7809, Fax (705) 526-3294
 Email: camp@wyemarsh.com

For office use only:

Copied
 In database
 Receipt Issued
 Camper Paid? Amount _____
 Tender Visa MC Cheque Cash Interact
 Recorded in camp binder PPG: _____
 Registration taken by _____
 Date processed _____

PLEASE PRINT CLEARLY:

Camper's Name: _____ **Age:** ____ **M/F:** ____ **Birthdate:** _____
(First) (Last) (dd/mm/yyyy)

Legal Parent/Guardian Name: _____
(First) (Last)

Permanent Mailing Address: _____
(Address) (Town/City) (Postal code)

Permanent Home Phone: () _____ **Business Phone (mother):** () _____

Cottage Phone: () _____ **Business Phone (father):** () _____

Cell Phone: () _____ **E-mail:** _____

Where did you hear about our Day Camp: _____

PLEASE INDICATE WEEK(S) DESIRED:

- | | |
|--|--|
| <input type="checkbox"/> Week 1: July 2 – July 6 | <input type="checkbox"/> Week 5: July 30 – August 3 |
| <input type="checkbox"/> Week 2: July 9 – July 13 | <input type="checkbox"/> Week 6: August 6 – August 10 |
| <input type="checkbox"/> Week 3: July 16 – July 20 | <input type="checkbox"/> Week 7: August 13 – August 17 |
| <input type="checkbox"/> Week 3: Kinder Camp! (3 day week) | <input type="checkbox"/> Week 7: Kinder Camp! (3 day week) |
| <input type="checkbox"/> Week 4: July 23 – July 27 | <input type="checkbox"/> Week 8: August 20 – August 24 |
| <input type="checkbox"/> Week 9: August 27-August 31 | |

Children Ages 13-16

Non-Member Rates:

- Weekly Rate

Member Rates: (Child must be included on membership)

- Weekly Rate

Add: \$40.00 per week for early and late care

Cost:

\$120.00 x _____ weeks = _____

Cost:

\$110.00 x _____ weeks = _____

\$ 40.00 x _____ weeks + _____

Total fees enclosed = _____

If you have paid for early or late care, please indicate what time your child will be dropped off or picked up:
 Early (starts at 8:15 am) _____ Late (ends at 5:15 pm) _____

RECEIPT INFORMATION

PAYMENT METHOD:

VISA MASTERCARD CHEQUE CASH INTERAC (Available at Wye Marsh)

Cardholder's Name: _____

Card #: _____ **Expiry Date:** ____ / ____

Please note: If paying by post-dated cheque, the cheque must be dated at least three weeks prior to the start of your child's registered camp experience. Please make cheque out to the Wye Marsh Wildlife Centre.

Receipt will be sent to the name above

Cancellation Policy: Cancellations made two weeks prior to camp will receive a refund less \$15.00 administration fee. Cancellations made after this time will receive 50% of their original payment. Cancellations made during the week that the camper is attending will receive 25% of the original payment. Please note that your child's space is reserved only upon full payment for day(s)/week(s) requested. Wye Marsh Wildlife Centre is not responsible for any loss or theft of any camper's belongings or money; please leave money and expensive items at home.

PLEASE FILL OUT INFORMATION/MEDICAL FORM ON REVERSE

Camp Marshes & Moccasins 2007

PLEASE PRINT

Name of Camper: _____

Health Card #: _____

Family Physician: _____

Phone #: _____

Alternate Emergency Contact: _____

Phone #: _____

ALLERGIES

Is the camper allergic to any of the following?

Comments

- Foods _____
- Drugs _____
- Bee Stings _____
- Plants _____
- Animals _____
- Other _____

Please Read Carefully:

I give my permission for my child's photo to be used for publicity purposes. These photos may be taken during camping/nature activities at the Wye Marsh Wildlife Centre or other sites during day excursions with the camp.

(Parent/Guardian signature)

(Date)

In the case of illness or injury to my child, I give consent to Camp Marshes and Moccasins staff to attend to my son/daughter's medical requirements and seek appropriate medical aid as required.

(Parent/Guardian signature)

(Date)

Please indicate if the camper is subject to, or has had any of the following ailments:

- | | Comments |
|--|----------|
| <input type="checkbox"/> Seizures | _____ |
| <input type="checkbox"/> Asthma | _____ |
| <input type="checkbox"/> Stomach Trouble | _____ |
| <input type="checkbox"/> Heart Condition | _____ |
| <input type="checkbox"/> Diabetes | _____ |
| <input type="checkbox"/> Fainting Spells | _____ |
| <input type="checkbox"/> Ear Trouble | _____ |
| <input type="checkbox"/> Headaches | _____ |
| <input type="checkbox"/> A.D.D. | _____ |
| <input type="checkbox"/> A.D.H.D. | _____ |
| <input type="checkbox"/> Other | _____ |

Please state any physical or behavioural challenges that may be useful for the staff to know about:

Does your child have a friend(s) of the same age that he/she would like to be placed with while at camp?

Please list the names of all people authorized to pick-up your child from camp:

Any additional comments are welcome in order to make your child's camp experience more enjoyable.

(Please list activities that your child may be interested in doing this summer)

