



WYE MARSH PD DAY CAMP REGISTRATION FORM

16160 Hwy 12 E, P.O. Box 100 Midland, ON L4R 4K6 * P: 705-526-7809 * F:705-526-3294

* Camper Information

Camper Name: _____ M/F: _____ Grade: _____ D.O.B.: ____/____/____
Last First (Must be in Gr. 1) dd / mm / yyyy

Parent/Guardian Name: _____ Email: _____
Last First

Address: _____
Number and Street Town/City Postal code

Tel. (home) _____ (work) _____ (cell) _____

Receipt Address _____ Email: _____
(If different from above) Last First

Address: _____
Number and Street Town/City Postal code

* Authorized Pick-up & Alternate Contact Information

*Arrangements to add additional names must be made IN PERSON. Authorization will not be accepted via phone or email.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Health Information

Health Card # _____ Exp. (yyyy/mm/dd) _____

My child carries an Epi-pen

Please specify any allergies (e.g. stings, foods, medications etc.) or existing medical conditions (e.g. diabetes, asthma, ADHD etc.)

Friends & Relatives:

Please include the names of any friends/relatives that you wish to be in the same camper group:

Authorization:

In the event of an accidents or illness, I authorize Wye Marsh staff to attend to my child's medical requirements

(Parent/Guardian signature)

Photo Release:

I give permission for Wye Marsh and/or local media to take pictures/video of my child for future promotional materials

Yes _____ No _____
(Initial one only)

Payment Information:

Debit Cash Visa MC Cheque

Full payment of \$ _____

Name on Credit Card

Card #

CVV Code Exp. Date

Card Holder's Signature

* Camp Registration

Ages 6-12 (Must be in Gr. 1)	<input type="checkbox"/> Annual Family Member: \$29.25 Membership Surname _____	Times: 9am-4pm Early Care 8am-9am: EC +\$5 Late Care 4pm-5pm: LC +\$5	Submit In person, by fax 705-526-3294 or camp@wyemarsh.com
	<input type="checkbox"/> Non-member \$45.00		

PD Day Camp Dates SCDSB	Extended Care	PD Day Camp Dates SMCDSB	Extended Care	PD Day Camp Dates TLDSB	Extended Care
<input type="checkbox"/> October 4	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> September 27	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> October 25	<input type="checkbox"/> EC <input type="checkbox"/> LC
<input type="checkbox"/> November 22	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> October 21	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> November 28	<input type="checkbox"/> EC <input type="checkbox"/> LC
<input type="checkbox"/> January 24	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> November 15	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> November 29	<input type="checkbox"/> EC <input type="checkbox"/> LC
<input type="checkbox"/> March 6	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> January 31	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> January 31	<input type="checkbox"/> EC <input type="checkbox"/> LC
<input type="checkbox"/> May 1	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> May 1	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> May 1	<input type="checkbox"/> EC <input type="checkbox"/> LC
<input type="checkbox"/> June 5	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> June 5	<input type="checkbox"/> EC <input type="checkbox"/> LC	<input type="checkbox"/> June 5	<input type="checkbox"/> EC <input type="checkbox"/> LC
Total \$:		Total \$:		Total \$:	

Please Note:

- In order to qualify for the member price, participants must be listed on the Annual Family Membership (\$175 + hst) at the time of registration and during the camp program.
- A receipt and information package will be emailed upon camper registration confirmation. Receipts for tax purposes will be issued in February.
- Cancellations can be made up to 2 days prior to registered date for a full refund.

For office use only (date & initial each):

Information Complete _____
 Access Database _____
 Parent Guide Sent _____
 Processed in Raiser's Edge _____