



# WYE MARSH WINTER BREAK CAMP REGISTRATION

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**

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

Date	Extended Hours	Total \$
<input type="checkbox"/> Wednesday January 2 2019	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Thursday January 3 2019	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
<input type="checkbox"/> Friday January 4 2019	<input type="checkbox"/> Early Care <input type="checkbox"/> Late Care	
	Total \$	

**Please Note:**

- In order to qualify for the member price, participants must be listed on the Annual Family Membership (\$155 + 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.

<b>For office use only (date &amp; initial each):</b> Information Complete _____ Access Database _____ Parent Guide Sent _____ Processed in Raiser's Edge _____
---