



Village of Kingston

2011 Summer Day Camp Registration Form

Name of Camper _____ Gender _____

Age _____ Date of Birth _____ (birth certificate required for ages 5 & 12 only)

Address _____

Home # _____ Email _____

Emergency & contact information during camp hours - must list at least two phone numbers. Please identify people who are authorized to pick up child.

Name	Relationship	Home #	Work #	Cel #	Pick Up (Y/N)

All registration fees should be made at the Village Office ONLY. Only TRIP fees will be accepted at the Rec Hut.

Medical information

Physician _____ Phone Number _____

Child's MSI/Health Card Number _____

Health problems that our counselors should be aware of (medications, allergies, special needs, other)

Permission Information

My child has permission to walk back and forth to the Day Camp by themselves: Yes No

My child has permission to bicycle to and from Day Camp by themselves: Yes No

My child has permission to go swimming under lifeguard supervision: Yes No

My child has permission to go on posted outings: Yes No

Waiver and Releases. Please read the following carefully.

I, the parents/guardian of _____, hereby give consent for him/her to Participate in the Village of Kingston Summer Camp Program and further agree to abide by the rules, regulations and decisions of the Village of Kingston and it's members and staff.

I do hereby, waive, release, and indemnify and agree to hold harmless the Village of Kingston and its members, staff, volunteers from any claim whatsoever arising from my child's participation in the Kingston Summer Camp Program.

In giving this waiver, I understand that there is a risk of injury in my child participating in Kingston Summer Camp Program, and that the Kingston Summer Camp Program does not provide one-on-one supervision of the activities of the Summer Camp Program.

Parent Name(s) (to go on receipt) _____

Signature of Parent/Guardian _____ Date _____



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Things to know

- Day camp costs are \$60 per child per week. Additional family members are \$55 per child per week. Planned day trips are additional.
- Regular camp hours are from 8:00am to 3:30pm. Before and/or after care up to ½ hour are additional costs.
- Make sure to bring a snack, water (no glass containers please), sunscreen and lunch every day. Bathing suits and extra clothes are a good idea too.
- To keep your drink cool, fill your water bottle half way and freeze the night before. Top up the next morning.
- You can contact us at the village office - 765-2800 or email - daycamp@kingstonnovascotia.ca
- Trips and dates are subject to change. Trips may be added during the summer.

Check the weeks your child will attend the Day Camp. If attending single days, please provide the dates on a separate sheet.

Name of Camper _____

Week	Cost	Trip/Activity Costs	Before and/or After Care		Total Costs
Week 1 July 4 - July 8 Wacky Welcome Week	\$60 _____	\$12 _____ Oaklawn Zoo	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 2 July 11 - July 15 Arts and Culture Week	\$60 _____	\$5 _____ Clayground figurine	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 3 July 18 - July 22 Olympics Week	\$60 _____	\$5 _____ Greenwood Pool (n/c if rec pass)	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 4 July 25 - July 29 Blast Off to the Future Week	\$60 _____	n/a	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 5 Aug 2 - Aug 6 Lights, Camera, Action Week ** no camp Aug 1 **	\$45 _____	\$25 _____ Discovery Centre	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 6 Aug 8 - Aug 12 Around the World in 5 Days Week	\$60 _____	\$5 _____ Greenwood Pool (n/c if rec pass)	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 7 Aug 15 - Aug 19 Celebrations Week	\$60 _____	\$10 _____ Yogi Bear Campground	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Week 8 Aug 22 - Aug 26 Final Farewell	\$60 _____	\$10 _____ Hennigar's Farm Market / Pool	\$10 _____ before care 7:30 - 8:00	\$10 _____ after care 3:30 - 4:00	
Total					

For office use only	
Amount paid	Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque Chq # _____
Date	
Amount due	

Signature of Parent/Guardian _____

Date _____