



# Summer Day Camp 2024 - Registration Form

Village of Kingston Summer Day Camp.

## Camper Information (Children aged 5-12 years old).

Full Name: \_\_\_\_\_ Pronoun (he/she/they): \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ (Children have to be 5 to attend camp).  
mm/dd/yy

Full Home Address: \_\_\_\_\_

## Parent/Guardian and emergency contact information during camp hours:

Name	Relationship	Work #	Cell #	Pick Up Permission (Yes/No)

## Permission Information

My child has permission to walk/bike back and forth to camp from home by themselves: ☐ YES ☐ NO

My child has permission to go on posted walking outings: ☐ YES ☐ NO

Permission for photos including my child for Village program promotion: ☐ YES ☐ NO

## Medical/ Behaviour Information

Does your child have an EA at school, specifically for them? ☐ YES ☐ NO

\*If yes, child will require an EA during camp as well. \*

Please list any medical conditions that the counsellors should be aware of (allergies, medications etc.):

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Please list any behaviour information, extra support child may need to have the best camp experience:

(Behaviour and personality traits, disciplinary actions etc.)

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**Camp hours are 8:00am to 3:30pm. Drop off and pick up no earlier or later than times listed.**

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Cash, cheque, or debit payments, e-transfer info upon request.

Cheques made out to the Village of Kingston.

Payment required minimum 1 week prior to camp. For refunds a minimum notice of 1 week.

Camp hours 8:30-3:30pm Before and aftercare ½ hour	Full Week \$125	Before care \$10/week	Aftercare \$10/week	Total \$
<b>* Week 1- July 2-5 \$100</b>				
<b>Week 2- July 8-12</b>				
<b>Week 3- July 15-19</b>				
<b>Week 4- July 22-26</b>				
<b>Week 5- July 29-Aug 2</b>				
<b>*Week 6- Aug 6-9 \$100</b>				
<b>Week 7- Aug 12-16</b>				
<b>Week 8- Aug 19-23</b>				
<b>*= 4-day weeks=\$100</b>			<b>Grand Total:</b>	

OFFICE USE ONLY	Amount paid	Invoice #	Payment method

### Waiver and Releases. Please read the following carefully.

I, the parents/guardian of \_\_\_\_\_ (child's name), hereby give consent for him/her/they to participate in the Village of Kingston's Summer Day Camp Program, and further agree to abide by the rules, regulations, and decisions of the Day Camp Summer 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 Day Camp Program. In giving this waiver, I understand that there is a risk of injury in my child participating in Day Camp Program, and that the Day Camp does not provide one-on-one supervision of the activities.

\_\_\_\_\_  
Parent/Guardian name (print)

X \_\_\_\_\_  
Signature

\*\*\*E-mail

\_\_\_\_\_  
Date mm/dd/yy

**\*\*\* You will be sent the Parent's Guide by e-mail closer to camp start date. Please read in full. Daily activities and outings will be included in the guide. Any updates or significant changes will be e-mailed to you. \*\*\***