

Child's Last Name: \_\_\_\_\_



# Summer Camp PARENT/GUARDIAN REGISTRATION FORM

\*Castle Kilbride has contacted me accepting my child(ren) into the program: Y N

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Parent(s) /Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: (must be different than above) \_\_\_\_\_

Tel #: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

\*Allergies/ Health or Learning Concerns \_\_\_\_\_

Child's Health Card # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

### REGISTERED DATES (please check)

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

OR

Full Week \_\_\_ for week of \_\_\_\_\_

Allow child to be photographed (could be used in future marketing)? Y N

My Child(ren) will walk home after Castle Camp (no sign out required) Y N

My child will be picked up after Castle Camp (sign out required) Y N

The following adults have my permission to pick my child up after camp (other than parents)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### CASTLE USE ONLY

#of Days \_\_\_\_\_ x \$30.....or full week (\$140)..... \$ \_\_\_\_\_