

**Go Active Kids  
Summer Day Camp Application**

Dates of Attendance \_\_\_\_\_

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**Application Form – please print**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Person to be contacted in an emergency if neither parent can be reached. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Names and contact information of anyone other than parents that have permission to pick the child up.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list the other children in the household

1. \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_

**Health Information**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address of the Office/Clinic \_\_\_\_\_

Which communicable diseases has your child had ( measles, mumps, etc.?) \_\_\_\_\_

Any known Allergies? \_\_\_\_\_

Please describe \_\_\_\_\_

Is your child under a doctor's care for any particular reason?

If yes, please describe \_\_\_\_\_

Is your child on any medication?

Please describe if it will need to be administered during the hours of the summer day camp.

\_\_\_\_\_  
\_\_\_\_\_

**Health Card #** \_\_\_\_\_

**Behavior**

Does your child have any behavior issues? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Staff reserve the right to observe behaviors and if after 2 weeks the behavior is serious and requires extra intervention the child may be released from the camp.

**Signature of Parent** \_\_\_\_\_

**Parental Permission**

I am willing for my child \_\_\_\_\_ to go on outside expeditions with adequate adult supervision.

\_\_\_\_\_

Signature of Parent or Guardian                      Date \_\_\_\_\_

I am willing for my child \_\_\_\_\_ to have medical attention and be taken to the hospital in the case of an emergency, if I/we cannot be reached.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian.

I have read and understood the Parent Handbook.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

## **PAYMENT**

A \$100 **non refundable** deposit is required at time of registration. This will be used towards the first week of camp your child is registered for. You will not be considered registered until I have received your child's registration form and deposit. Registration is on a first come first serve basis.

Payment can be made by E- transfer to [goactivekids@live.ca](mailto:goactivekids@live.ca), cash, or cheque made payable to Go Active Kids