Summer Day Camp 2017
ST. COLUMBA'S UNITED–ANGLICAN CHURCH
9190 Granville, Port Hardy

REGISTRATION FORM

NOTE: Registration fees are $50.00 per child (a bursary of $25.00 per child is available). Fees can be paid on the first day of the camp.

Family Name: _____

Parent/Caregiver Names: _____

Home phone: _____

Cell phone: _____

Family E-mail Address: _____

Family Postal Address: _____

Emergency contacts (name and phone number):

1. _____

2. _____

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Permission for outings to park, beach, or another venue:

_____ _____
Signature of Parent/Caregiver Date

First Child's Name: _____

Age: _____

Allergies or Food concerns:_____

Medications: _____

Health Care Card number: _____

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Second Child's Name: _____

Age: _____

Allergies or Food concerns:_____

Medications: _____

Health Care Card number: _____

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Third Child's Name: _____

Age: _____

Allergies or Food concerns:_____

Medications: _____

Health Care Card number: _____