



Willow Creek Day Camp Registration Form - 2012

Willow Creek Baptist Church (705) 721-9536
www.willowcreekdaycamp.com

Camp
Reg. #
Team
(Office use only)

CAMPER INFORMATION: Please print information clearly and completely

First Name: _____ Known As: _____ Last Name: _____ Male Female

Mailing Address: St. & Apt _____ City _____ Province _____ Postal Code _____

Home Phone _____ Birth date: Day _____ Month _____ Year _____ Entering Grade _____ New Camper at Willow Y N

Camper Swims? No Shallow Deep

Shirt size: Youth: YSm YMd YLg
Adult: ASm AMd ALg AXlg

PARENT/GUARDIAN INFORMATION:

email _____ Camper Parent

First Name _____ Last Name _____ Home Phone (if different from camper's) _____

Address (if different from camper's) _____

EMERGENCY CONTACTS: (Please list phone numbers where you and/or an authorized caregivers can be reached the week your child is in Camp)

Name of Primary Contact: _____ Relationship to camper _____

Daytime Phone numbers _____ Ext _____ and/or Cellular Phone _____

Name of another contact: _____ Relationship to camper _____

Daytime Phone numbers _____ Ext: _____ and/or Cellular Phone _____

Sibling(s) Attending Camp (please indicate whether brother/sister)

Name of one friend your camper would like to be placed with:
(same grade only please) _____

We attend church: Seldom Occasional Regular Do Not Attend

Church denomination if you attend: _____
(Example: Baptist, Anglican, Roman Catholic, Muslim, etc.)

MEDICAL INFORMATION:

Does this child have medical problems, allergies or medications that we need to know?
 No Yes - (if yes, please specify): _____

RELEASE:

I hereby give my permission for _____ to participate in all Willow Creek Day Camp activities
(camper's name)

and to receive medical treatment, if necessary. I hereby release Willow Creek Baptist Church and all Day Camp Staff from all liability. I also give permission for pictures of my child to be taken and used for Day Camp promotion.

Name of Parent or Guardian: (Please print) _____ Signature _____

Tick the checkbox to indicate your choice of camp <small>Note: 'Grade' is grade entering school in Sept.</small>	Adventure		Escapade		Before & After Care	Amount Owing:		
	July 9-13	July 16-20	July 23-27	Aug 13-17	Before (8 - 9 am) & After (4 - 5 pm) Care for the entire week = \$40 max \$80 per family	Camp cost	# wks	Cost
JK - Monday to Friday 9 am - Noon \$105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part Before Care (8 - 9 am) _____ x \$5 = _____ (# of days) M T W T H F Week After Care (4 - 5 pm) _____ x \$5 = _____ (# of days) M T W T H F	_____ X _____	=	_____
Sk-Gr 5 -Monday to Friday 9 am - 4 pm \$165	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		B4 & After	+	_____
						Subtotal	=	_____
						Discount	-	_____
						TOTAL COST \$ _____		

- Discounts:** (only one discount can be applied)
- ☺ **2-camp Discount** - If this camper is attending more than one camp at time of this registration, deduct \$20
 - ☺ **Family Discount** - There is a \$20 discount for 3rd and following children from the same family.

Refund Policy:

March - full, April - 75%, after May 1st - none
Payment plan available upon request

Amount due (as indicated above) _____ Rec'd. By _____ Date _____

Paid by: Cash Cheque (make payable to Willow Creek Baptist Church)