

# Selena's Summer Fun Camp

Ages 3 -5

A Cedar School And Community Enhancement Society Program

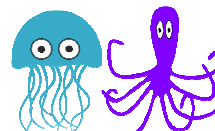
Offered Through Cedar Family Playtime

Participants Name: \_\_\_\_\_

Registration Request: Please indicate in box your choice

Week 1: Tues. – Fri. July 2-5

Ocean Life



Week 2: Mon. – Thurs. July 8 - 11

Camping Adventures



Week 3: Mon. – Thurs July 15 – 18



Music



Week 4: Mon. – Thurs. July 22-25

Magic and Fairy Tales



Week 5: Mon. – Thurs. July 29- Aug 1

Colours & Numbers



**Payment** : \$50 per week or \$15 per day drop-in (based on availability)

Cash amount \$ \_\_\_\_\_

Cheque amount \$ \_\_\_\_\_ Payable to Cedar Family Playtime

e-transfer to [cedarheritage@shaw.ca](mailto:cedarheritage@shaw.ca) \$\_\_\_\_\_ (Please request the password)

To register: Fill out all the forms; attach Cheque (payable to Cedar Family Playtime) and drop off at **Cedar Elementary** in designated Selena's Summer Camp Envelope in the office. Or email Registration forms and e-transfer the payment with parent and participant's in messages. Please note: Payments must accompany registrations and that spaces are filled on a first come basis. Any questions please call Darlene 250-722-2100.

Refunds for cancellations given only with a minimum of 3 days' prior notice.

Initial

# SELENA'S SUMMER FUN DAY CAMP

A CEDAR SCHOOL AND COMMUNITY ENHANCEMENT SOCIETY PROGRAM

OFFERED THROUGH CEDAR FAMILY PLAYTIME

## REGISTRATION FORM

### Participants Information:

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Usual Name: \_\_\_\_\_ Gender : Male / Female

Birthdate (DD MM YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Proof of Age: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Allergies: \_\_\_\_\_ Anaphylaxis (yes / no) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

### Parent or Guardian Information:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address if different than Participant: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Address if different than Participant: \_\_\_\_\_

### Emergency Contact Information:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact Phone. # \_\_\_\_\_

Parent / Guardian Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

I give consent for photograph to be taken of participant for display at program site; local advertising or display on program website.

Signature \_\_\_\_\_

The above information on this form is being collected, used and shared with only the necessary individuals for the purpose for registration and operating this day camp. We follow the policies and practices to meet the obligations under for the Protection of Privacy Act (PIPA).