

# Kahnawake Youth Center Summer Fun Day Camp 2010

\*\*\* ALL INFORMATION IS CONFIDENTIAL \*\*\*

## Child Information

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:    M        F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

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

My child requests to be in the same group as: \_\_\_\_\_

Session:                            1                            2                            Camping

How will your child leave the KYC at lunch & days end?    Walk                            Bike                            Pick-up only

Swimming Ability                            Non                            Beginner                            Intermediate                            Strong

Biking Ability                            Non                            Beginner                            Intermediate                            Strong

Does the child have a bicycle in good working order?    Yes                            No

T-Shirt Size:    Child →    S    M    L    XL    Adult →    S    M    L    XL

## Family Information

Mother: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Child lives with    Mother    Father    Both    Other: \_\_\_\_\_

Are there any Special circumstances that the KYC should know about in regards to the family Situation?

\_\_\_\_\_

## Medical Information

Medicare Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Does the child have any Allergies?    Yes    No                            If yes, what allergies? \_\_\_\_\_

Does the allergy require an epi-pen?    Yes    No                            Can child self-administers the epi-pen?    Yes    No

Does the child require medication?    Yes    No                            If yes, what medication? \_\_\_\_\_

Is there any behavioral, physical, and/or emotional considerations that the KYC should know about in order to facilitate the child's experience? \_\_\_\_\_

\_\_\_\_\_

\*\*\* Please note that a \$20.00 administration fee will be charged in the event of any cancellation. \*\*\*

\*\*\* Any cancellation within 2 weeks of the start date will only be reimbursed 50% \*\*\*

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

Date \_\_\_\_\_

----- OFFICE USE ONLY -----

Total payment received \_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_ Number \_\_\_\_\_

Session    1    2    Camping    Membership    Staff \_\_\_\_\_