



2009 THOMPSON SUMMER DAY CAMP REGISTRATION FORM



Part A: Family Information (please print clearly)

Adult/Family/Guardian's Family name		Adult's First Name	Other
Address		City/Town	Postal Code
Man. Health #	Home Phone #	Business (daytime) #	Ext.

Part B: Participant(s) Information

1 st Participants Information - MB. Health Pin #		2 nd Participants Information -Man. Health Pin#	
Family Name	First Name	Family Name	First Name
Date of Birth M/D/Y	Male/Female	Date of Birth M/D/Y	Male/Female
Please indicate child's swimming level (Circle) A- Non Swimmer B-Beginner Swimmer C-Can Swim 15m		Please indicate child's swimming level (Circle) A- Non Swimmer B-Beginner Swimmer C-Can Swim 15m	
Medical Information (Allergies?Conditions?) – Child 1		Medical Information (Allergies?Conditions?) – Child 2	
Emergency Contact		Day Phone #	Cell Phone #

My child will attend with his/her contract worker Name: _____
If your child requires a worker at school please see the Recreation Coordinator

Early Drop Off /Late Pick Up

<input type="checkbox"/> My camper requires an early drop off (\$3.25/day) (please circle) Monday Tuesday Wednesday Thursday Friday
<input type="checkbox"/> My camper requires a late pick up (\$3.25/day) (please circle) Monday Tuesday Wednesday Thursday Friday

Camper #1

Camper #2

Session Date	Camp Name	Mark X	Session Date	Camp Name	Mark X
Week 1 – July 6-9	Art is Everywhere		Week 1 – July 6-9	Art is Everywhere	
Week 2 – 13-17	Keepin It Green		Week 2 – 13-17	Keepin It Green	
Week 3 –July 20-24	Around the World		Week 3 –July 20-24	Let's get Physical	
Week 4 – July 27-31	Wilderness & Wolves		Week 4 – July 27-31	Wilderness & Wolves	
Week 5 –Aug. 4-7	Run Away with the Circus		Week 5 –Aug. 4-7	Run Away with the Circus	
Week 6 –Aug. 10-14	Lets Get Movin		Week 6 –Aug. 10-14	Lets Get Movin	
Week 7-Aug.17-21	Little Mounties		Week 7-Aug.17-21	Little Mounties	
Week 7 – Aug. 17-21	Cine-Mania		Week 7 – Aug. 17-21	Cine-Mania	

I give permission for my children to be photographed or interviewed by the City of Thompson or Media
(Please check box if yes)

CHILD RELEASE

<input type="checkbox"/> Can Leave Alone <input type="checkbox"/> Pick Up By Whom: _____ (My child may be released into the custody of only the above noted person(s) unless I notify the Day Camp Coordinator) Initial _____

Received Back Pack Signature _____ Date _____

Amount Paid: _____ Staff Initials _____

