



## CAMPER REGISTRATION FORM

Child's First and Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's First and Last Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Medical Information (please specify child): \_\_\_\_\_

	Name and Address	Emergency Contact Phone	Relationship to Child	
1		Home: _____ Business: _____ Cell: _____		
2		Home: _____ Business: _____ Cell: _____		

### PROGRAM DEPARTURE/ARRIVAL

\*\*\*Please indicate who will be responsible for picking up your child(ren)\*\*\*

Name	Relation to Child	Phone Number

I, \_\_\_\_\_ give permission to all the people listed above to pick up \_\_\_\_\_  
 (Parent/Guardian) (Child's Name)

From the Meadowvale East Apostolic Church Summer Camp  
 (All Activities are subject to change in accordance to COVID-19 Protocols)

### Sunscreen Application Information

We recommend and encourage sunscreen application before your child comes to camp. During the day, we are willing to help your child apply sunscreen unless advised otherwise. Please provide a labeled bottle of sunscreen for your child as we are unable to supply sunscreen due to health and safety concerns.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Information is collected in accordance with the provisions of the Freedom of Information and Privacy Act (FIPPA). Personal information collected on this form will be used for the purposes of assisting MEAC to maintain a safe and secure summer camp. If you have questions about the collection, use and disclosure of this information, please contact Meadowvale East Apostolic Church by calling (416) 385-1140. **Funded in part by Government of Canada – Canada Summer Jobs Program**