

Registration Form

Child's Name: _____

Current School: _____

Child's Date of Birth: _____

Child's Current Grade: _____

Name of Parent/Guardian: _____

Address: _____

City _____

Postal Code _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Name(s): _____

Emergency Contact Number(s): _____

Name of Person(s) authorized to pick up child: _____

Relationship of Person(s) authorized to pick up child: _____

Parent/Guardian Signature: _____

Cancellation Policy: A payment of cheque or credit card for the full amount is due upon registration. Cancellations a minimum of two weeks prior to camp date will be refunded except for a \$50 registration fee. Refunds will not be granted for days of camp not attended. Fern Hill Camps will do everything possible to avoid cancellations; however, we reserve the right to cancel a session of camp if the minimum enrollment is not met. In this circumstance, we will accommodate your child in an alternate program/alternate week, if available, or we will provide you a full refund at your request.

Field Trips: Please be advised that with a signed registration form you will be giving permission for your child to attend the field trips. No child will be able to be left at the school as there will be no supervision at the school once we leave on the field trip.

NEW THIS YEAR!!!

***We have added lunch to every registration and field trips!!**

***Water play every day !!!**

Dates	Name of Camp	Number of Children	Cost/child	Before Care \$25.00/week	After Care \$37.50/week	Total
Camps for children currently in PS/JK/SK						
June 22-26	CAMP WILD PS-SK		\$355			
June 29 –July 3 No Camp July 1	ART ATTACK		\$290 (4-day week)			
JULY 6-10	SCIENCE CAMP		\$355			
JULY 13-17	PIRATE FUN		\$355			
JULY 20-24	SPORTS/OLYMPICS		\$355			
JULY 27-31	WORLD CULINARY TOUR		\$355			
AUGUST 4-7 No camp August 3	S.T.E.M CAMP		\$290 (4 day week)			
Camps for Children currently in Grade SK-8						
JUNE 22-26	OUTDOOR ADVENTURE GRADES 1-8		\$355			
JUNE 29-JULY 3 No Camp July 1	WICKED SPORTS		\$290 (4-day week)			
JUNE 29-JULY 3 No Camp July 1	CREATIVE ARTS CAMP		\$290 (4-day week)			
JULY 6-10	*FERN HILL DANCE DRAMA AND ARTS No Field trip		\$340			
JULY 6-10	WICKED SPORTS		\$355			
JULY 13-17	WICKED NERF CAMP		\$355			
JULY 13-17	CREATIVE ARTS CAMP		\$355			
JULY 20-24	WICKED SPORTS		\$355			
JULY 20-24	CREATIVE ARTS CAMP		\$355			
JULY 27-31	WICKED NERF		\$355			
AUGUST 4-7 No camp August 3	WICKED SPORTS		\$290 (4 day week)			
TOTAL						

A cheque for the full amount is due with registration. Cancellations a minimum of two weeks prior to camp date will be refunded except for a \$50 registration fee. Please make cheque payable to Fern Hill School and note "Summer Camp" in the memo line.

*Weather permitting, we will have water play every day!!

*No field trip for the Fern Hill Drama camp as we will need the whole week to rehearse. Parents will be allowed to attend the Friday afternoon performance.

*You will be given a link to AXXIS CATERING so you can order your lunches for the week.

Medical Consent Statement

- Yes, In the event that my child is injured or becomes ill during the Fern Hill Camp hours and I cannot be reached, I give my consent to initiate medical treatment as deemed appropriate by the attending physician.

Name: _____

Health Insurance Number: _____

Physician's Name: _____

Allergies/Medication: _____

Waiver Release

- I understand that my child is involved in inside and outside activities. While every care is given to ensure a safe environment, I do not hold the Fern Hill Camp, any of its staff, or Fern Hill School, liable in case of injury or harm, however arising, sustained by my child.

Parent/Guardian Signature: _____

Date: _____

Photo Release

- I give Fern Hill, the right and permission to publish/broadcast, without charge, photographs/images taken of my child during his/her participation in camp programs and activities. These photographs/images may be used in Fern Hill publications, including brochures, marketing materials, Fern Hill's website, print advertising and other promotional materials.

Parent/Guardian Signature: _____

Date: _____

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Please request an Authorization to Administer Prescribed Medication Form from the school office if your child needs medication to be administered by our staff during program hours.



Card Holder Name: _____

Credit Card Number: _____

Expiry Date: _____ Security Number: _____ Signature: _____

Description:	Amount:
4% ADMINSTRATION FEE ON ALL CREDIT CARD TRANSACTIONS.	
CREDIT CARD TOTAL:	