



Culture Connection Summer Day Camp Registration Form

Red Leaf Student Programs 300 John Street, Suite 503, Thornhill, ON, L3T 5W4, CANADA
Email: summercamps@red-leaf.com Tel - 1-866-376-0675 Fax - 905-889-9523 www.redleafsummercamps.com

Culture Connection Camps

Program location:

Form with checkboxes for Pickering/Ajax, Whitby/Oshawa, Guelph, Burlington, Newmarket, Dundas/Hamilton

Session dates:

Form with checkboxes for July 5-16, July 19-30, August 3-13

PARTICIPANT Last name: First name: Native Language:

Date of Birth day month year Sex: Male Female

Current School: Current Grade:

Address:

Street Address

City Province/State Postal Code

Phone Email

Parent/Guardian:

Mothers Name Day Phone

Fathers Name Day Phone

Emergency Contact Phone

Street Address (If different from above)

City Province/State Postal Code

Home Phone Email

MEDICAL INFORMATION

Do you have any of the following medical conditions which require special care?

Form with checkboxes for Asthma, Epilepsy, Diabetes

Other medical condition, please specify

Are you on any medication? If yes, please specify

Do you have any allergies? If yes, please specify

Note: Camps are peanut-free.

Please specify any additional mental or physical conditions Red Leaf should be aware of

Please specify any special dietary needs

**GENERAL INFORMATION**

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How did you hear about Red Leaf Summer Camps?

- Newspaper Article \_\_\_\_\_
- Newspaper Ad \_\_\_\_\_
- Library \_\_\_\_\_
- Brochure at School \_\_\_\_\_
- Community Centre \_\_\_\_\_
- Camp Fair \_\_\_\_\_
- Outdoor Sign \_\_\_\_\_
- Friend/Relative \_\_\_\_\_
- Internet -  mysummercamps.com  summer-daycamps.com  ourkids.net/camp
- Other \_\_\_\_\_

**BEFORE AND AFTER CAMP**

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- Before Camp – 7:30am – 8:00 am (\$20/week)
- After Camp – 4:30pm – 5:30 pm (\$40/week)
- Before and After Camp (\$60/week)

I \_\_\_\_\_ acknowledge all information given is accurate to the best of my knowledge. In permitting my child to attend a Red Leaf Summer Camp, I, the undersigned, permit my child to participate in the full range of activities and authorize the Program Coordinator or his/her appointed staff, in the event of accident or illness affecting this above named student, to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as he or she may deem necessary for the care and well being of the student.  
I understand that my child is obliged to abide by the rules of **Red Leaf Student programs**. Failure to do so may result in dismissal from the program without any refund.

Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_

**Red Leaf Rules**

- 1) You must stay with the group and participate in all activities at all times unless prearranged. Counsellor and Director decisions must be respected at all times.
- 2) You must be on time, behave respectfully, and participate in all activities.
- 3) You must be respectful of Camp Location property, Red Leaf property, and the other campers and staff.