

**McClure United Church
 PD Day Camp
 2018-2019 Program Year**



Child's Name _____ Age _____ School Grade _____

Birth date (dd/mm/yy) _____

Parent(s)/Guardian(s) Name(s) _____

Address _____

Phone # _____ Alt. Phone # _____ E-mail _____

Allergies or other conditions we should be aware of (food reactions, physical limitations etc.)

Details:

- Upcoming PD Day Camp Dates are: Jan 28, March 11, May 17
- Registration deadline for each camp will be 1 week prior to start date. Cost of registration is \$5 per child or \$10 per family to cover material expenses and snacks.
- Children bring their own lunch but snacks will be provided.
- Camp runs from 9-3:30 however before and after care is available for an extra \$2 per child.

Occasionally photos are taken of the children for use in a Sunday morning powerpoint, for a church display board or in a newsletter. I, the undersigned, give permission for my child's photo to be used for these purposes.

Signature of Parent or Guardian _____ Date _____

I, the undersigned, do hereby authorize emergency medical, dental, health or hospital services to be rendered to my child upon consent of a McClure United Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with McClure United Church's programs when I or my emergency contact is unavailable to give such consent.

Signature of Parent or Guardian _____ Date _____