

Rotary Summer Camp at Lorna Jackson Public School

Registration Form

(Please Print Clearly)

Child's Surname:	Child's Name:
Day School:	
Do you require extended childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, extended childcare required: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> BOTH

PROGRAM	COST / WEEK	A* Jul 3 - 6	B Jul 9 - 13	C Jul 16 - 20	D Jul 23 - 27
Beavers (JK / SK)					
Loons (Grade 1, 2)					
Caribous (Grade 3, 4)					
Blue Jays (Grade 5, 6)					

Cost per week is \$150. Week A is a 4 day week, cost of \$130

Elective Activity

For each week, please indicate choices from 1-10 in the box beside each elective Activity (1 = most favourite, 10 = least favourite)

ELECTIVE ACTIVITY	A	B	C	D
Act Out				
ArtzCool				
Ball Hockey				
S.T.E.M.				
Golf				
Hoop Stars				
Just Dance				
Kulinary Kids				
Musical Minds				
Soccer				
Tennis				
Trail Blazers* Urban Bikes*				
Ultimate Games				

Cost per week is \$150

For more details visit us at www.RotarySummerCamp.com
or email us at RCWSUMMERCAMP@GMAIL.COM

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Registration Form

(Please Print Clearly)

Current School:	Surname:	Name:
Female <input type="checkbox"/> Male <input type="checkbox"/>	Address:	
City/Town:	Postal Code:	Home Telephone Number:
Date of Birth:	By registering for this program and providing your email address, you consent to receive electronic messages from the Rotary Camp.	

Contact Information

1st Parent/Guardian Surname:	1st Parent/Guardian First Name:	Relationship:
Home Telephone:	Mobile/Work Telephone	Email Address:
2nd Parent/Guardian Surname:	2nd Parent/Guardian First Name::	Relationship:
Home Telephone:	Mobile/Work Telephone	Email Address:
1st Emergency Contact Surname:	1st Emergency Contact First Name:	1st Emergency Contact Telephone Number:
2nd Emergency Contact Surname:	2nd Emergency Contact First Name:	2nd Emergency Contact Telephone Number:
1st Emergency Pick-Up Name:	1st Emergency Pick-Up Telephone Number:	Relationship:
2nd Emergency Pick-Up Telephone Number:	2nd Emergency Pick-Up Name:	Relationship:

Medical Information

Family Physician:	Telephone Number:		
Does your child have any existing medical conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please check the appropriate condition			
<input type="checkbox"/> Food Allergy <input type="checkbox"/> Carries EpiPen	<input type="checkbox"/> Drug Allergy <input type="checkbox"/> Carries EpiPen	<input type="checkbox"/> Insect Bite Allergy <input type="checkbox"/> Carries EpiPen	<input type="checkbox"/> Asthma <input type="checkbox"/> Carries EpiPen
More Information (please specify)			
All medication is to be stored in the main office, with the exception of inhalers for asthma and EpiPens inhalers and EpiPens must be worn in waist pouches at all times. If the child has oral medication, SELF & STAFF ADMINISTRATION OF MEDICATION FORM, must be filled out, which can be picked up at the main office. The office must be aware of any medication that is to be administered or is in a waist pouch.			

Does your child have an Individual Education Plan (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does your child currently receive EA support during day school? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what percentage?	_____ %
Explain how your child is supported in day school?	

Parent Signature:	Date:
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