



# Farm Camp Registration Form 2012

Parents/Guardians: Please complete all information on this form and drop off completed application along with payment to Downey's Farm Market, 13682 Heart Lake Road Caledon Ontario L7C 2J5 or fax 905 838 3224

## Downey's Farmer Camp

Farm Camp #1 (August 13 <sup>th</sup> – 17 <sup>th</sup> 2012)	5 – 7 year olds <input type="checkbox"/>	8 – 10 year olds <input type="checkbox"/>
Farm Camp #2 (August 20 <sup>th</sup> – 24 <sup>th</sup> 2012)	5 – 7 year olds <input type="checkbox"/>	8 – 10 year olds <input type="checkbox"/>

## Extended Camp Hours (\$20/day)

Pre Camp (8am-8:30am): Monday  Tuesday  Wednesday  Thursday  Friday

Post Camp(3:30pm-5:00pm): Monday  Tuesday  Wednesday  Thursday  Friday

## Contact Information

First Name:		Last Name:		Gender: M / F
Street address:				
City:		Province:		Postal Code:
Home Phone:			Date of Birth: (yyyy/mm/dd)	
Parent/Guardian Name:				
Home Phone:		Work Phone:		Cell Phone:
Email:				
Parent/Guardian Name:				
Home Phone:		Work Phone:		Cell Phone:
Email:				
Address if different than above:				

**Emergency Contact:** *In an emergency we will make every effort to contact the custodial parent(s), if for some reason they are unreachable please include an alternate emergency contact (Grandparent/Caregiver/Neighbour etc.)*

Name:		
Relationship to child:		
Home Phone:		Cell Phone:
Work Phone:		

## Health Information

Health Card Number (optional):
<p>1. The camp includes sports, and activities on uneven terrain. Does the camper have any physical, cognitive, emotional or behavioural limitations/challenges that would require assistance and/or modifications to the program to enable him/her to participate fully? YES NO</p> <p>2. If yes, please specify particulars: _____</p> <p>3. Do you have any special instructions for camp staff regarding the campers health care and/or diet: YES NO</p> <p>If yes, please explain: _____</p> <p>4. Does your child have any serious or life threatening allergies? YES NO Please specify</p> <p>5. If yes, does your child use an epipen? YES NO</p>

**Permission to pick up your child:**

Please indicate up to 4 people including yourself who may pick up your child/ward.

1.	2.
3.	4.

\*Please note that individuals on the list may be required to show photo identification if they are not known to the camp staff. If there is a need for someone other than those listed above to pick up your child/ward, please inform the staff in writing. In an emergency situation the staff will accept verbal authorization from you.

**General Consent Statement**

During the course of the week(s) your child /ward will participate in a variety of activities while under the supervision of our qualified camp counselors, which may include but is not limited to:

- Arts and crafts (use of scissors, glue, small craft materials)
- Active games (physical activities that may involve balls, running, skipping, jumping, tossing etc.)
- Use of equipment (for gardening, cooking, etc.)

**Late Fees**

Pick Up Time is between 3:00pm until 3:30pm. Post Camp Pick Up is at 5pm. Please note that .50 cents per minute will be applied for every minute after your designated pick up time that the child is in care of Downey’s Farm.

*I have read and understand the information provided on this form and I authorize my child/ward to participate in the activities described above. I hereby release and hold harmless Downey’s Farm; their officers, employees and/or agents from all claims of injury or damage, to persons and property while participating in any chosen activity, which I or any person claiming through me or on my behalf may at any time have arising out of connection with the operation of this activity.*

\_\_\_\_\_  
NAME OF PARENT OR GUARDIAN (Please Print)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**Payment:**

Cost per week: \$200.00 + \$26 (H.S.T.)

Discount Code: \_\_\_\_\_

Post-camp add \$20/day \_\_\_\_\_ x \$20 = \$ \_\_\_\_\_

Lunch Option \$6/day Monday  Tuesday  Wednesday  Thursday  \$ \_\_\_\_\_

Total camp cost: \$ \_\_\_\_\_

Cash      Debit      Visa      Mastercard

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

Office use only:	Date Received:	Time Received:	Processed by:
	<input type="text"/>	<input type="text"/>	<input type="text"/>