



Registration Form - 2010

Camper: _____ Camper's E-Mail: _____

Registering for: July 4 - July 31 (4 wks) Aug. 1 - Aug. 22 (3 wks) July 4 - Aug. 22 (7 wks)

Age as of coming July 1st: _____ Date of Birth: _____ Height: _____ Weight: _____
Month/Day/Year

Address: _____

City & Province/State: _____ Postal/Zip Code: _____

Phone Number: _____ Parent E-Mail: _____

Father's Name: _____ Bus. Phone: _____ Cell: _____

Address & Phone if different: _____

Mother's Name: _____ Bus. Phone: _____ Cell: _____

Address & Phone if different: _____

Emergency Contact: (Other than parent) _____ Relationship: _____

Phone: _____ Cell: _____

Doctor's Name: _____ Phone: _____

OHIP # / Medicare # / Health Insurance: _____

Medical and/or Nutritional Alerts: _____

Medications to be administered at camp: _____

Why is this medication being taken? _____

Are there any changes in medication while at camp? _____

Is this camper more or less active than others his age? _____

Bedwetter? If so, how often? _____

Usually awakened for washroom? _____ At what time? _____

Bad Dreams? Type? Frequency? _____

Can camper sleep on a top bunk? _____

Fears? (dark, water, animals, insects, etc.) _____

Friends: (boys/girls; many/few; ages; Do they call?) _____

Describe social interaction with peers: _____

Describe interaction with adults: _____

Major changes happening in this camper's life? (divorce, death, illness, new baby, change of schools, etc.) _____

Will s/he be missing any significant events while at camp? _____

Describe previous camp experience: (name of camp & dates, successes, challenges) _____

Athletic ability: Poor Fair Average Above Average

Swimming ability: (levels achieved?) _____

Hobbies, sports, interests: _____

Strengths: _____

Weaknesses: _____

What is this youngster's attitude towards attending camp? _____

What goals do you have for your camper this summer? _____

Academics: Would you like your camper to participate in Option 1 (tutoring) or Option 2 (electives)?

School: _____ Phone: _____

Address: _____

Grade: _____ Type of class: _____

Teacher: _____

Guidance Counselor: _____

Is this youngster receiving outside counseling? _____

Why? _____

From whom? _____

Address & Phone: _____

Please describe any behavioral issues at school or in the neighborhood. _____

Additional information/comments: _____

Signature of Parent or Legal Guardian

Date

THIS SECTION TO BE COMPLETED WHERE THERE IS A DIVORCE OR SEPARATION.

Who has custody of the camper? _____

Are there any restrictions with regard to visitation rights? Please provide full details. _____