



Day Camp Registration 2017

Camper Information	
Name:	Age:
Name:	Age:
Address:	Postal Code:
Home Phone:	(Optional) Elementary school:
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize my child(ren) to be in photographs that may be used for promotional uses
Parent/Guardian Information	
Name:	
Cell Phone:	Work Phone:
Email:	<input type="checkbox"/> Please sign me up for your monthly newsletters
Emergency Information	
Emergency Contact Name:	
Phone Number:	Relationship:
Does your child have allergies, special needs , or take medication we should be aware of? Please describe. Note: The medical form must be completed for all Campers	<input type="checkbox"/> Yes <input type="checkbox"/> No
*** Please complete the attached medical and photo release forms.	

Camp dates:		2017 Day Camp Rates:				
Please select the week(s) attending. March Break <input type="checkbox"/> March 13-17 Summer 2017 <input type="checkbox"/> July 3 - July 7 <input type="checkbox"/> July 10 - July 14 <input type="checkbox"/> July 17 - July 21 <input type="checkbox"/> July 24 - July 28 <input type="checkbox"/> July 31 - August 4 <input type="checkbox"/> August 8 - August 11* (Short week) <input type="checkbox"/> August 14 - August 18 <input type="checkbox"/> August 21 - August 25 <input type="checkbox"/> August 28 - September 1 <input type="checkbox"/> Dig-it - July 12 – 14 <input type="checkbox"/> Dig-it August 9 - 11			Non-Member 1st Child	Multi-Child Rate 2nd+ Child	Family Member 1st Child	Member Multi-Child 2nd+ Child
		Weekly	\$155	\$145	\$135	\$125
		* Short week	\$140	\$135	\$120	\$115
		Daily	\$40	\$35	\$35	\$30
		Dig-it Camp (Ages 10-14)	\$105	\$100	\$95	\$85
* Short weeks exclude statutory holidays. Rates are per child. Cancellation policy: Cancellations received 7 days prior to the camp date booked are subject to a cancellation fee of 20%. No refunds will be issued for cancellations with less than 1 week's notice.						
Are you a MOA Family Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Daily Registration: Please indicate each day: _____				
How did you hear about the Museum's Day Camps?		<input type="checkbox"/> Flyer <input type="checkbox"/> Friends/Family <input type="checkbox"/> Attended before <input type="checkbox"/> Website <input type="checkbox"/> Other: _____				
Office Information:						
Payment date:		Amt:		Camp week(s) paid:		
Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque				Authorization #:		
Payment date:		Amt:		Camp week(s) paid:		
Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque				Authorization #:		
* For your security, please call the Museum to submit payment information if emailing or faxing this form.						
Payment Information*:						
Today's date:				<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque		
Card #:				Amount:		
Expiry:				Name on Card:		
Authorization # (office use):				Camper's name:		
<input type="checkbox"/> March Break <input type="checkbox"/> Summer Camp						
Payment Information*:						
Today's date:				<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque		
Card #:				Amount:		
Expiry:				Name on Card:		
Authorization # (office use):				Camper's name:		



Museum of Ontario
Archaeology
History In Your Hands

March Break Summer Camp

Camper Medical Information Form

Participants:

Child	Health Card #

*Providing your health card number is **voluntary**. It is kept on record to disclose to hospital staff in the event of an urgent medical development requiring the immediate hospitalization of your child.*

Does your child(ren) have any health concerns? (ie: allergies, attention deficit, dietary restrictions etc.)

Is your child(ren) taking any medication(s)? Explain.

Doctor's Name & Phone Number: _____

Emergency Contact Information

Primary Emergency Contact Name: _____

Phone Number: _____ Cell Phone Number: _____

Secondary Emergency Contact Name: _____

I, _____ certify that the **information provided on these forms** concerning my child(ren) is **accurate**. If any information changes, I will contact the Museum as soon as possible.

Medical Consent:

I have provided the Museum of Ontario Archaeology with all the necessary medical information and can be reached at the number(s) listed above. I authorize the program staff/volunteers to administer First Aid to my child(ren) if necessary and to secure medical care for my child(ren) in case of an emergency as deemed appropriate by the attending physician(s). If **medical attention** is required for my child, I **authorize the Museum** to take the necessary actions to ensure my child(ren)'s safety. This includes, but is not limited to, transportation to a hospital via ambulance.

I understand that all information provided is for the sole use of the Museum of Ontario Archaeology's Day Camp Program.

1600 Attawandaron Rd
London, ON N6G 3M6
T: 519-473-1360 F: 519-850-2363

Information collected on this form will be kept on file at the Museum. It will not be sold or otherwise distributed outside of the organization.

Parent/Guardian Signature

Date

Phone Number: _____



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Archaeology
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_____ Cell Phone Number: _____

Photography/Video Permission Form

By signing this form, I hereby authorize the Museum of Ontario Archaeology to use any photographs and/or video footage taken by a volunteer photographer for reproduction on the website or any other publication/promotional materials and do not expect compensation in return.

Please sign below if we may use pictures/videos of your child for the purpose of public display, including media publication.

Date

Parent/Guardian Name

Signature

Name of child(ren):

Name: _____

Name: _____