



# Day Camp Registration 2018

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 <b>photographs</b> 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 <b>allergies, special needs</b> , or take <b>medication</b> we should be aware of? Please describe. Note: The <b>medical form</b> must be completed for all Campers	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*** Please complete the attached medical and photo release forms.</b>	

Camp dates:		2018 Day Camp Rates:				
Please select the week(s) attending. <b>March Break</b> <input type="checkbox"/> March 12-16  <b>Summer 2017</b> <input type="checkbox"/> July 3 - July 6 (short week) <input type="checkbox"/> July 9 - July 13 <input type="checkbox"/> July 16 - July 20 <input type="checkbox"/> July 23 - July 27 <input type="checkbox"/> July 30 - August 3 <input type="checkbox"/> August 7 - August 10 (short week) <input type="checkbox"/> August 13 - August 17 <input type="checkbox"/> August 20 - August 24 <input type="checkbox"/> August 27 - August 31 <input type="checkbox"/> <b>Dig-it</b> - July 11 - 13 <input type="checkbox"/> <b>Dig-it</b> August 8 - 10			<b>Non-Member</b>	<b>Multi-Child Rate</b>	<b>Member</b>	<b>Member Multi-Child</b>
		<b>Daily</b>	\$40	\$35	\$35	\$30
		<b>* Short week</b>	\$140	\$135	\$120	\$115
		<b>Weekly</b>	\$155	\$145	\$135	\$125
		<b>Dig-it Camp (Ages 10-14)</b>	\$105	\$100	\$95	\$85
		* Short weeks exclude statutory holidays. <b>Rates are per child.</b> <b>Cancellation policy:</b> Notice of cancellation is required at least 7 days in advance of the first day of camp in order to receive a full refund. Cancellations made less than 7 days before the first day of camp will receive a full refund, less a \$10 administration fee.				
Are you an MOA Family Member ? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Daily Registration:</b> Please indicate each day: _____				
<b>How did you hear about the Museum's Day Camps?</b>		<input type="checkbox"/> Flyer <input type="checkbox"/> Friends/Family <input type="checkbox"/> Attended before <input type="checkbox"/> Website <input type="checkbox"/> Other: _____				
<b>Office Information:</b>						
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 #:		
<i>* For your security, please call the Museum to submit payment information if emailing or faxing this form.</i>						
<b>Payment Information*:</b>						
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		
<b>Payment Information*:</b>						
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		



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### 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.)

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

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Doctor's Name & Phone Number: \_\_\_\_\_

#### **Emergency Contact Information**

Primary Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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. 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



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**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
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**Name of child(ren):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_