



# Day Camp Registration 2019

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, or take 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:		2019 Day Camp Rates:				
Please select the week(s) attending. <b>March Break (Ages 5-9)</b> <input type="checkbox"/> March 11-15  <b>Summer 2019 (Ages 5-9)</b> <input type="checkbox"/> July 8 - July 12 <input type="checkbox"/> July 15 – July 19 <input type="checkbox"/> July 22 - July 26 <input type="checkbox"/> July 29 - August 2 <input type="checkbox"/> August 6 - August 9 (short week) <input type="checkbox"/> August 12 - August 16  <input type="checkbox"/> <b>Dig-it (Ages 10-15)</b> August 21 – 23			<b>Non-Member 1st Child</b>	<b>Non-Member Multi-Child Rate 2nd+ Child</b>	<b>Family Member 1st Child</b>	<b>Family Member Multi-Child 2nd+ 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 10-15)</b>	\$105	\$100	\$95	\$85
		* Short weeks exclude statutory holidays. <b>Rates are per child.</b>				
Are you an MOA Family Member ? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Cancellation policy:</b> Cancellations received seven days prior to the date booked are subject to a cancellation fee of 20%. No refunds will be issued for cancellations with less than one week notice.				
Do you wish to be a 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 #:		
* For your security, please call the Museum to submit payment information if emailing or faxing this form.						



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

**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: \_\_\_\_\_

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



Museum of Ontario  
Archaeology  
*History In Your Hands*

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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: \_\_\_\_\_