



Day Camp Registration 2020

Camper Information				
Name:		Age:		
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 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.		
Signature _____		Date: _____		
Parent/Guardian Information				
Name:				
Cell Phone:		Work Phone:		
Email:		<input type="checkbox"/> Please sign me up for your monthly newsletters		
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:		
Are you a MOA Family Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in a Family Membership? <input type="checkbox"/> Yes, please send me information <input type="checkbox"/> No		
2020 Day Camp Dates:				
Please select the week(s) attending.				
<input type="checkbox"/> March 16-20 <input checked="" type="checkbox"/> Summer <input type="checkbox"/> July 6 - July 10 <input type="checkbox"/> July 13 - July 17		<input type="checkbox"/> July 20 - July 24 <input type="checkbox"/> July 27 - July 31 <input type="checkbox"/> August 4 - August 7 (short week) <input type="checkbox"/> August 10 - 14		
2020 Day Camp Rates:				
	Non- Member 1st Child	Non-Member Multi-Child Rate 2nd+ Child	Family Member 1st Child	Family Member Multi-Child 2nd+ Child
Daily	\$40	\$35	\$35	\$30
* Short week	\$140	\$135	\$120	\$115
Weekly	\$155	\$145	\$135	\$125
* Short weeks exclude statutory holidays. Rates are per child.				
Cancellation policy: 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.				Please initial here: _____
I am aware that guardians may be asked to show I.D. at pickup to ensure the safety of campers				_____

Camper Medical Information

Camper Information		
Name(s):	Age:	Health Card Number: <i>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.</i>
Doctor's Name & Phone Number:		
Does your child(ren) have any health concerns?		
(ie: allergies, attention deficit, dietary restrictions, etc.)		
Is your child(ren) taking any medication(s) that we should be aware of?		
Emergency Contact Information		
Primary Emergency Contact Name:	Relationship to camper(s):	
	Home/work Number:	
	Cell Phone Number:	
Secondary Emergency Contact Name:	Relationship to camper(s):	
	Home/work 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	