



# SUMMER CAMP ADMISSION

This form should be completed by a parent or guardian, and dropped off at **Forest Grove Preschool** or emailed to **Bosiljka@ForestGrove.ca**

Your Child \_\_\_\_\_

Gender: M / F

Siblings attending FGP: Yes/ No

How did you hear about our program?

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**Summer Camp**  
(4yrs - 10yrs)

Special Notes about your child:

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Campers will enjoy most of their time outdoors connecting with nature. A typical day will start outdoors; nature walks through the nearby forest, outdoor yoga, scavenger hunts, and organized sports and games. Campers indoor time will be spent working on art projects and exploring science activities.

**Program Choice:** Please specify which weeks you would like to enroll in. \*Closed August 1st Civic holiday.

Program fee is \$300 per week  
Programs are from 8:30 am-5:00 pm

- ☐ Week 1 July 4-8
- ☐ Week 2 July 11-15
- ☐ Week 3 July 18-22
- ☐ Week 4 July 25-29
- ☐ Week 5 August 2-5\*
- ☐ Week 6 August 8-12
- ☐ Week 7 August 15-19
- ☐ Week 8 August 22-26

**Total Payment:**

\$\_\_\_\_\_ paid on \_\_\_\_\_ Chq#\_\_\_\_\_

*Payment must be made at the time of enrollment to ensure a reserved space for our Summer Camp Program.*

*No refunds or credits.*

**Minimum 2 week enrollment**

**Children must bring PEANUT/NUT FREE snacks and bag lunches.**

We agree to our Child's photograph to be used in promotional materials for Forest Grove and/or published on social media. You have been provided with a Photo Release Form, please sign to acknowledge you have read and signed that form.

Parent Name

Parent Signature

Date

**ALL FIELDS ARE MANDATORY PRIOR TO ACCEPTANCE****Child's Name:** (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_**Birth date:** Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_**Telephone No. (Home):** \_\_\_\_\_**Parent/Guardian 1:** \_\_\_\_\_**Parent/Guardian 2:** \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

If parents are **separated/divorced**, please indicate with whom child is living: **Mother:** \_\_\_\_ **Father:** \_\_\_\_**Doctor's Name:** \_\_\_\_\_ Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Suspected food sensitivities: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Previous conditions requiring medical assistance: \_\_\_\_\_

Prior communicable diseases: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Are you/have you been involved in any community support services? \_\_\_\_\_

Any other important information: \_\_\_\_\_

**EMERGENCY CONTACT 1: (Other than Parent)**

Name in Full: \_\_\_\_\_

Relationship to Parent: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT 2: (Other than Parent)**

Name in Full: \_\_\_\_\_

Relationship to Parent: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. [Home/Main]: (\_\_\_\_) \_\_\_\_\_

[Cell Phone/Secondary]: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Person(s) to whom child may be released:** \_\_\_\_\_