



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?

Summer Camp (4yrs - 10yrs)

Special Notes about your child:

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 7th Civic Holiday.

From 4 and < 7 years (cost is \$200/week)
 From 7–10 years (cost is \$350/week) after 17% discount
 Programs are from 8:30 am - 3:00 pm

- ☐ Week 1 July 3-7
- ☐ Week 2 July 10-14
- ☐ Week 3 July 17-21
- ☐ Week 4 July 24-28
- ☐ Week 5 July 31-August 4
- ☐ Week 6 August 7-11*
- ☐ Week 7 August 14-18
- ☐ Week 8 August 21-25

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: _____

Home Address: _____
City: _____ **Postal Code:** _____
Telephone No. [Home/Main]: (____) _____
[Cell Phone/Secondary]: (____) _____
Occupation: _____
Employer's Name: _____
Address: _____
City: _____ **Postal Code:** _____
Business Telephone: (____) _____
Email: _____

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: _____

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: _____