



# 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](mailto: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 5<sup>th</sup> Civic Holiday.

**Ages 4 - 7 years: \$200/week (Week 5: \$160)**  
**Ages 7-10 years: \$325 (Week 5: \$260)**  
**Programs are from 8:30 – 4:30**

**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.*

- ☐ Week 1 July 8-12
- ☐ Week 2 July 15-19
- ☐ Week 3 July 22-26
- ☐ Week 4 July 29-August 2
- ☐ Week 5 August 5-9 \*
- ☐ Week 6 August 12-16
- ☐ Week 7 August 19-23

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