

**Just Kiddn Around Inc Summer Camp Registration**

1. **Child's Name:** \_\_\_\_\_ **F** \_\_ **M** \_\_  
**Date of Birth:** \_\_\_\_\_

**Week/Weeks Required for Summer Camp please circle**

**Week # 1 2 3 4 5 6 7 8 9 @ 185 per Week Total** \_\_\_\_\_  
**Shirt Child Size S M L or XL Total \$10.00**

**Please make your cheque payable to Just Kiddn Around Inc current date  
any returned cheques will be subject to a 25.00 fee**

2. **Mother's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_

3. **Two people who can be called in an emergency if parents cannot be reached:**  
**1<sup>st</sup> Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**2<sup>nd</sup> Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

4. **List of people who may pick up your child from the centre at anytime:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Medical Information**

**Care Card Number:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Child's General Health:** \_\_\_\_\_

**Dentist** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Allergies?** \_\_\_\_\_ **Eppi Pen Expiry Date** \_\_\_\_\_