

MOOREDALE CAMPER MEDICAL HISTORY

CAMPER FULL NAME: _____ BIRTHDATE: _____/_____/_____
Month Day Year

ONTARIO HEALTH CARD NUMBER: _____

Family Doctor's Name: _____ Phone: _____

Is the Camper subject to the following? Please check.

- Asthma Bronchitis Seizures Motion Sickness
 Ear/Hearing Problem Speech Difficulty Skin Conditions Headaches

Specify usual treatment for above: _____

Does the Camper have Allergies to:

- Food Drugs Environment

If yes, please specify: _____

Is an EpiPen Required? Yes

Treatment for above: _____

IMPORTANT Immunization Information Please attach a copy of immunization record OR list dates completed for the following:

Diphtheria, Pertussis (Whooping Cough), Measles, Rubella (German
Tetanus (Lock Jaw), Polio* Measles), Mumps _____

Haemophilus B (HIB) BCG Hepatitis A _____

Hepatitis B TB Skin Test IPV/OPV _____

Varicella (Chicken Pox) PCV (Pneumococcal) _____

* Please note if oral polio vaccine given

Hospitalization History (give details): _____

OTHER

Does your child have other medical or behavioural issues, not already indicated on this form, of which the Camp Director should be aware ?

Are there any social/emotional concerns that we should be aware of to assist the Camper's adjustment to camp? Yes No

If Yes, please elaborate: _____

Need more space? *Please send a confidential note to the Camp Director.*

Are there any physical problems that we should be aware of that may interfere with the child's full participation in the program, including recreational swimming? (e.g. recent illnesses, injuries, surgery.) Yes No

If yes please specify: _____

TO BE SIGNED BY PARENT OR GUARDIAN:

I have read and agreed to the conditions outlined in the registration form. I am a member of the Rosedale-Moore Park Association and consent to the participation of the above-named, and hereby release the Rosedale-Moore Park Association, its staff, Board of Directors, instructors and authorized guests from any and all actions, claims, demands for damages, loss or injury, however arising, which may hereafter be sustained by the above-named in consequence of participation in camp activities. In the event of a sudden illness or accident, so that the program leaders may take such action as may be necessary, we ask that parent or guardian sign below to authorize emergency measures. Parents must assume any expense incurred. I hereby give permission for my son/daughter to participate in all camp activities involving travel on the TTC; chartered bus; on hikes, etc. I give permission to Mooredale Day Camp to use my child's photograph or likeness for Mooredale publicity purposes. I authorize the Rosedale-Moore Park Association to communicate with me by email. If I am a current member I authorize Mooredale to extend my Family Membership by 1 year should it expire before the end date of of this program I am registering for.

X _____
Signature

Date

CAMPER FEES *All fees include a hot lunch each day, camper t-shirt, program equipment, and off-site trips.

		Before Camp Care*	After Camp Care*
Full Week	\$460	\$60	\$80
Single Day Option	\$105	\$15	\$20

Mooredale Family Membership	\$125/year
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* Starting at 7:45 am.

** 3:30 - 5:30 pm.

REGISTRATION DETAILS

- Mooredale family membership is required for the duration of the program. (Membership form available on page 4)
- You may pay by credit card only if you choose to pay full camper and membership fee at time of registration.**
- Camper Application Form must be completed and signed before registration is accepted.
- Fees must be paid at time of registration **OR** deposit and cheque(s) post-dated (dated March 1st) for the balance of the camper fee and after camp care fee must accompany each registration.
- Deposit (\$100 per camper) is **non-refundable**
- An administration fee of \$25 will be charged for transfers to another session after March 1st. (subject to session availability)
- Camper fees (less deposit) will be refunded if notice of cancellation is received in writing by March 1st. After March 1st, a medical certificate will be required for refund (less \$100 deposit).
- An administration fee of \$25 will be charged for cancellation of Extended Camp Care services after March 1st.
- If, in the opinion of the Director, it is in the best interest of either the child or the camp, the Camp reserves the right to terminate the stay of a camper. In such an event, it is understood that at the discretion of the Director, a proportionate refund, minus the \$100 deposit, would be made.

PAYMENT RECORD

Please make cheques payable to Mooredale Day Camp. If you are paying full fees by credit card, you may also fax the signed forms to us at 416-922-4523. Call the Camp Director at 416-922-3714 ext. 105 to discuss an alternative payment schedule.

		For Office Use	
Payment in Full (required if paying by CC)	\$	Cheque Date	Cheque Number
Deposit (only payments by cheque) \$100 per session	\$		
Camp Fee Balance due March 1, 2020 (include post-dated cheque less deposit)	\$		
Extended Camp Care (Before, After)	\$		
Mooredale Family Membership (\$125/year) <i>If a new member please include Membership Form on Page 4</i>	\$		
TOTAL	\$		

Payment - Please PRINT CLEARLY	
I will be paying by: Cash Cheque Debit Mastercard Visa	Amount: \$
Card #: - - - Expiry (MM/YY) -	
CVV# ____	
Full name that appears on the credit card	Card Holder Signature