



## Earth Path Summer Camps – Registration Form

Welcome to Earth Path summer camps and thank you for registering! If you have any questions, feel free to reach Program Coordinator Corinne McEachern at 819-665-4407 or corinne@earthpath.ca.

**For Ottawa camps, make payment to:**

payment@earthpath.ca

**For Wakefield camps, make payment to:**

corinne@earthpath.ca

**Scholarships:** We strive to make our programs affordable to all, so please ask us about scholarships if needed.

**I am registering my child for the following camp(s):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Payment and Cancellation Policy:** Full payment is due at the time of registration, unless you have made other arrangements with the coordinator. If you cancel before or on June 10, we will reimburse you fully, minus a \$25 administration fee. After June 10, no refunds can be issued (exceptional circumstances may be taken into consideration).

**Payment included for camp(s):**

Full payment \_\_\_\_\_ (*enter amount*)

Other amount \_\_\_\_\_

**Participant's Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Date of Birth (DD/MM/YYYY):** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender:**  Female  Male

**Languages Spoken:**  English  French

**Family Mailing Address:** \_\_\_\_\_

**City or Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Authorized for Pick Up:**  Yes  No

**Father's Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Authorized for Pick Up:**  Yes  No



**EMERGENCY AND HEALTH INFORMATION**

**If a parent/guardian cannot be contacted in an emergency, please contact:**

**Name of Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
\_\_\_\_\_

**Participant's Health Card #:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Name of Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Does your child have any allergies or dietary restrictions? If so, please specify.**

\_\_\_\_\_

**Does your child carry/need an EpiPen and know how to use it?**

\_\_\_\_\_

**Is your child allergic to bee or wasp stings?**  Yes  No  Never been stung

**Date of last immunization for tetanus:** \_\_\_\_\_  Never been immunized for tetanus

**I give consent for my child to receive the following as needed (please check):**

Ibuprofen  Acetaminophen  Insect repellent

**Does your child have any special needs (e.g. physical, mental, or emotional)? We would like to know how best to support your child, including how to relate to him/her.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER USEFUL INFORMATION FOR US**

**What do you hope your child will learn from this experience?**

**In what learning environments does your child do best? Do you have any concerns or suggestions about his/her behavior in groups?**

**For participating children: What types of activities that we offer are you excited to do/learn? Is there anything else you would like to tell us?**