



# Willow Creek Day Camp

## Registration Form - 2017

Willow Creek Baptist Church P 705 721-9536  
**admin@willowbarrie.com**  
**www.willowcreekdaycamp.com**

Camp
Reg. #
Team
(Office use only)

**CAMPER INFORMATION: Please print information clearly and completely**

First Name: \_\_\_\_\_ Known As: \_\_\_\_\_ Last Name: \_\_\_\_\_  Male  Female

Mailing Address: St. & Apt \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Entering Grade \_\_\_\_\_ New Camper at Willow  Y  N

School Camper Attends: \_\_\_\_\_ Shirt size: Youth:  YSm  YMd  YLg  
 Adult:  ASm  AMd  ALg  AXlg

**PARENT/GUARDIAN INFORMATION:**

email \_\_\_\_\_  Camper  Parent

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone (if different from camper's) \_\_\_\_\_

Address (if different from camper's) \_\_\_\_\_

**EMERGENCY CONTACTS:** (Please list phone numbers where you and/or authorized caregivers can be reached the week your child is in Camp)

Name of Primary Contact: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Daytime Phone numbers \_\_\_\_\_ Ext \_\_\_\_\_ and/or Cellular Phone \_\_\_\_\_

Name of another contact: \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Daytime Phone numbers \_\_\_\_\_ Ext: \_\_\_\_\_ and/or Cellular Phone \_\_\_\_\_

Sibling(s) Attending Camp (please indicate whether brother/sister)  
 \_\_\_\_\_

Name of one friend your camper would like to be placed with:  
 (same grade only please) \_\_\_\_\_

We attend church:  Seldom  Occasional  Regular  Do Not Attend

Church denomination if you attend: \_\_\_\_\_  
 (Example: Baptist, Anglican, Roman Catholic, Muslim, etc.)

**MEDICAL INFORMATION:**

Does this child have medical conditions, behavior challenges, allergies or medications that we need to know?  
 No  Yes - (please specify): \_\_\_\_\_

Will this child be attending with assistance?  No  Yes

**RELEASE:**

I hereby give my permission for \_\_\_\_\_ (camper's name) to participate in all Willow Creek Day Camp activities and to receive medical treatment, if necessary. I hereby release Willow Creek Baptist Church and all Day Camp Staff from all liability. I also give permission for pictures of my child to be taken and used for Day Camp promotion.

Name of Parent or Guardian: (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

Tick the checkbox to indicate your choice of camp(s)  Note: 'Grade' is grade entering school in Sept.	Adventure		Escapade		Before & After Care	Amount Owing:		
	July 10-14	July 17-21	Aug 14-18	Aug 21-25	Before (8 - 9 am) & After (4 - 5 pm) Care for the entire week = <b>\$40</b> max \$80 per family	Camp cost	# wks	
<b>JK-Gr 5</b> -Monday to Friday 9 am - 4 pm      \$185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Part Before Care (8 - 9 am) _____ x \$5 = _____ (# of days) M T W TH F Week After Care (4 - 5 pm) _____ x \$5 = _____ (# of days) M T W TH F	_____ X _____ = _____ B4 & After + _____ Subtotal = _____ Discount - _____	<b>TOTAL COST \$</b> _____	

**Discounts:** 😊 **2-camp Discount** – If this camper is attending more than one camp at time of this registration, deduct \$20 (only one discount can be applied) 😊 **Family Discount** – There is a \$20 discount for 3<sup>rd</sup> and following children from the same family.

**Refund Policy:**

March - full, April - 75%, after May 1st - **none**  
**Payment plan available upon request**

Amount due (as indicated above) \_\_\_\_\_ Rec'd. By \_\_\_\_\_ Date \_\_\_\_\_

Paid by:  Cash  Visa  MasterCard  Debit  Cheque (make payable to Willow Creek Baptist Church)