

# Willow Creek Day Camp

## Request for Before/After Care - 2015

Willow Creek (705) 721-9536

[www.willowcreekdaycamp.com](http://www.willowcreekdaycamp.com)

### CAMPER INFORMATION: Please use one form per child

First Name: \_\_\_\_\_ Known As: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade \_\_\_\_\_

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

Circle Camps requiring care: Adventure 1 Adventure 2 Escapade 1 Escapade 2 Youth  
Circle Days requiring care: M T W T F M T W T F M T W T F M T W T F M T W T F  
Earliest Drop off time— 8am B4 \_\_\_ After \_\_\_ B4 \_\_\_ After \_\_\_ B4 \_\_\_ After \_\_\_ B4 \_\_\_ After \_\_\_  
Latest pick up time—5pm

Name of Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

#### Who will drop off/ pick up?

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone Number where you can be reached \_\_\_\_\_ 2nd # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone Number where you can be reached \_\_\_\_\_ 2nd # \_\_\_\_\_

Payment: # sessions \_\_\_\_\_ x \$5= \$ \_\_\_\_\_ (maximum \$40 per week/

\$80 per family)

Total Amount \$ \_\_\_\_\_

office use	Rec'd. By _____	Date _____
	Paid by: Cash	Cheque

Payment must accompany form. Refunds granted by request for days not used.

I give permission for the above person(s) do drop off/ pick up \_\_\_\_\_ from Willow Creek Day Camp as indicated above. For the safety of my child, I will be responsible to ensure to abide by the pickup/drop off times as shown above.

# Willow Creek Day Camp

## Request for Before/After Care - 2015

Willow Creek (705) 721-9536

[www.willowcreekdaycamp.com](http://www.willowcreekdaycamp.com)

### CAMPER INFORMATION: Please use one form per child

First Name: \_\_\_\_\_ Known As: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade \_\_\_\_\_

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

Circle Camps requiring care: Adventure 1 Adventure 2 Escapade 1 Escapade 2 Youth  
Circle Days requiring care: M T W T F M T W T F M T W T F M T W T F M T W T F  
Earliest Drop off time— 8am B4 \_\_\_ After \_\_\_ B4 \_\_\_ After \_\_\_ B4 \_\_\_ After \_\_\_ B4 \_\_\_ After \_\_\_  
Latest pick up time—5pm

Name of Parent/ Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

#### Who will drop off/ pick up?

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone Number where you can be reached \_\_\_\_\_ 2nd # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone Number where you can be reached \_\_\_\_\_ 2nd # \_\_\_\_\_

Payment: # sessions \_\_\_\_\_ x \$5= \$ \_\_\_\_\_ (maximum \$40 per week/

\$80 per family)

Total Amount \$ \_\_\_\_\_

Payment must accompany form. Refunds granted by request for days not used.

I give permission for the above person(s) do drop off/ pick up \_\_\_\_\_ from Willow Creek Day Camp as indicated above. For the safety of my child, I will be responsible to ensure to abide by the pickup/drop off times as shown above.