**Check box for your child’s age**

 **New Client**

 **Existing Client**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  7 |  8 |  9 |  10 |  11 |  12 |

Referring Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_ Primary language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:** Month/\_\_\_\_\_\_\_\_Day/\_\_\_\_\_\_\_Year/ \_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registering Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Resident Card number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Care Card/Medical # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preference for Meals to be provided: Vegetarian Non-Vegetarian

Do you have any medical/health concerns (allergies, medications, special notifications, etc), food allergies or fears (e.g. water, bees) that staff should be aware of? No Yes, please provide details:

Has your child attended a day camp before? YES / NO Is your child comfortable in group situations? YES / NO

 \*\*\*IMPORTANT: The following areas are helpful for the parent to be as open and honest so that appropriate supervision and support can be provided to each camp participant. The more information one provides, the better the leaders will be able to enhance the child’s experience in the various group activities.

\*Does your child have difficulty managing his or her emotions in social situations? YES / NO

\*If so, what are some helpful ways to support him or her when they get upset / anxious?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please list some helpful ways that he or she can have a successful day camp experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency,** who should we contact?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To ensure safety:** Provide the name of the adult who will drop off and pick up child from camp at the end of the program: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I advise** that my child is over the age of 12 years and may walk home alone when camp has finished \_\_\_\_\_\_\_\_\_\_ (initials)

**I understand** that as a participant in this program, my child will be involved in a number of activities. While the program is supervised by trained staff/volunteers, my child may still sustain injury, or have property lost or damaged. I understand the program, activities and risks involved. \_\_\_\_\_\_\_\_\_ (initials)

**I agree** that my child will follow all reasonable directions given by program leaders/volunteers. \_\_\_\_\_\_\_\_\_\_\_\_ (initials)

In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize program staff and/or volunteers to seek medical attention on my behalf. \_\_\_\_\_\_\_\_\_\_\_\_ (initials)

**I understand** that as a participant in this program my child will be participating in activities that include water and other outdoor activities. Participants must come dressed appropriately in attire that can get wet or dirty. \_\_\_\_\_\_\_\_\_\_ (initials)

**I understand** that the meat that is served is not Halal and if I don’t want my child to eat it I will specify the Vegetarian option for him/her. \_\_\_\_\_\_\_\_\_\_\_ (initials)

**I give permission** for photos to be taken of my child(children) during their participation in this camp. These photos will be used for internal purposes only. \_\_\_\_\_\_\_\_\_\_ (initials)

Signing this agreement releases DIVERSEcity and its staff of any liability in the above mentioned points,

Print Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_