



## Earth Path Spring/Summer Camps 2018 – Registration Form

Welcome to Earth Path’s nature camps and thank you for registering! If you have any questions, feel free to reach Bryarly at 613-858-8822 or [Bryarly@EarthPath.ca](mailto:Bryarly@EarthPath.ca) for Ottawa camps, and Corinne at 819-456-1731 or [Corinne@EarthPath.ca](mailto:Corinne@EarthPath.ca) for Wakefield camps.

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

[payment@EarthPath.ca](mailto:payment@EarthPath.ca)

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

[Corinne@EarthPath.ca](mailto: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:** A \$100 deposit is due at the time of registration (exception: \$50 for preschool-age camps). The remaining payment is due by March 1 for March Break Camp and by June 9 for all summer camps. If you cancel before March 1 or June 9, respectively, we will reimburse you fully, minus the non-refundable deposit. After June 9, no refunds can be issued (exceptional circumstances may be taken into consideration).

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

- Deposit (\$100)
- 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  Benadryl  Insect repellent  Sunscreen

**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?**

**What experience does your child have outdoors?**

**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?**