

Summer Camp Registration Form

Corner Stone Farm

2891 Highway 15 Kingston , Ontario K7L 4V3
613 547 3735

A \$150 non-refundable deposit is required to hold your spot.

It is asked that you fill in as much as possible for the safety of your child. Any known allergies, health issues or medication a child may be taking is important and should be made known to the main councilor. All information will be kept confidential unless needed. Thank you for caring.

General Information:

Child's Name: _____

Date of Birth: _____
Month Day Year

Health Card Number: _____

Week of Camp: _____ 1/2 Day or Full _____

Emergency Information:

Parents: Guardian / Mothers name: _____ Contact number: _____

Guardian /Fathers name: _____ Contact number: _____

Person to contact should neither parent be reachable: _____

Relationship: _____ Contact number: _____

Is your child on any medications that need to be known or taken during the students time at camp? _____

Does your child have any food allergies or allergies to dust, pollen or animals that you are aware of? _____

Do they have a puffer or take medication for that? _____

EVEN if Cathy has this info . please repeat it here .

Is there anything else you feel we should know about your child to make them as comfortable and happy during their time at camp here? _____