



SUMMER CAMP POP-UP REGISTRATION 2024

Camper 1

First name: _____ Last name: _____

Age: _____

Please list any health concerns (i.e. medical, allergies...) along with reactions and signs to watch for.

Camper 2

First name: _____ Last name: _____

Age: _____

Please list any health concerns (i.e. medical, allergies...) along with reactions and signs to watch for.

Please note: Our camps are intended for children who are able to participate in group activities. If you feel your child may need additional support, please call our office to discuss.

Parent/Guardian name: _____

Address: _____

Town: _____ Postal Code: _____

Email: _____ Home Phone: _____

Best phone number to reach you during camp: _____

Emergency contact: (if parent/guardian cannot be reached)

Name: _____ Contact #: _____

How did you hear about our camp? _____

Please use the attached sheets to choose the weeks for which you wish to register.

Note:

- Campers must fall in the age range of SK – GR 6 during their week of camp. Campers must have completed JK as of June 2024.
- Your child is only considered registered once we have received the completed forms. Please email forms to info@wilmotfamilyresourcecentre.ca

POP-UP CAMP (GRADES SK-6)

# of children	Week	Dates and Locations (Please check which location you would like to attend)	Days Attending (Please check)		
			Tuesday	Wednesday	Thursday
	Week 1	July 9,10,11 S.T.E.A.M			
		<input type="checkbox"/> Norm Hill Park, 251 Jacob St. <input type="checkbox"/> Petersburg Community Park, 1338 Notre Dame Dr.			
	Week 2	August 6,7,8 In the Community			
		<input type="checkbox"/> Sir Adam Beck Park, 215 Snyder's Rd E. <input type="checkbox"/> Wellesley Playground 1004 Catherine St.			
	Week 3	August 27,28,29 Fairytales Come to Life			
		<input type="checkbox"/> Norm Hill Park, 251 Jacob St. <input type="checkbox"/> New Dundee Community Centre, 1028 Queen St.			

Pop-Up Camp Hours: 10:00am – 12:00pm Tuesday, Wednesday and Thursday.
 Sign in will take place at the designated park picnic shelter.

Wilmot Family Resource Centre Photo Release:

I _____ (caregiver) give permission on behalf of

_____ (child/children) for Wilmot Family

Resource Centre to:

- Take photographs, video, or audio recordings
- To release photos that my child is in to interested parties, such as the parents of other children in the same photo, video, audio recording
- To be used on Wilmot Family Resource Centre's social media or website for promotional, or educational purposes

Signature of Parent/Guardian: _____

(If returning this form via email, type your name here. By sending this email back to us, this action stands in place of your signature)

Date (yyyy/mm/dd): _____ / _____ / _____