



Sunnybrook Farm Museum Pioneer Day Camp Registration Form 2010

Child's Name: _____

Age: _____

Alberta Health # _____

Parent(s) Name(s): _____

Home address: _____

Postal Code: ____--____

Home Phone: _____

Emergency Name: _____

Cell Phone: _____

Relationship to child: _____

Work Phone: _____

Phone number: _____

Check the dates your child would like to attend:

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> July 5 | <input type="checkbox"/> July 6 | <input type="checkbox"/> July 7 | <input type="checkbox"/> July 8 | <input type="checkbox"/> July 9 |
| <input type="checkbox"/> July 12 | <input type="checkbox"/> July 13 | <input type="checkbox"/> July 14 | <input type="checkbox"/> July 15 | <input type="checkbox"/> July 16 |
| <input type="checkbox"/> July 19 | <input type="checkbox"/> July 20 | <input type="checkbox"/> July 21 | <input type="checkbox"/> July 22 | <input type="checkbox"/> July 23 |
| <input type="checkbox"/> July 26 | <input type="checkbox"/> July 27 | <input type="checkbox"/> July 28 | <input type="checkbox"/> July 29 | <input type="checkbox"/> July 30 |
| <input type="checkbox"/> Aug 2 | <input type="checkbox"/> Aug 3 | <input type="checkbox"/> Aug 4 | <input type="checkbox"/> Aug 5 | <input type="checkbox"/> Aug 6 |
| <input type="checkbox"/> Aug 9 | <input type="checkbox"/> Aug 10 | <input type="checkbox"/> Aug 11 | <input type="checkbox"/> Aug 12 | <input type="checkbox"/> Aug 13 |
| <input type="checkbox"/> Aug 16 | <input type="checkbox"/> Aug 17 | <input type="checkbox"/> Aug 18 | <input type="checkbox"/> Aug 19 | <input type="checkbox"/> Aug 20 |
| <input type="checkbox"/> Aug 23 | <input type="checkbox"/> Aug 24 | <input type="checkbox"/> Aug 25 | <input type="checkbox"/> Aug 26 | <input type="checkbox"/> Aug 27 |

Fees must be paid at the time of registration: Cost is \$35.00 per day (9 to 4:30) or \$165.00 per week. Before and After care is available from 8am to 5pm at a rate of \$5 per half hour. See Page 2

Cheques are to be made payable to: **The Friends of Sunnybrook Farm Society.**

Amount Due: _____

Method of Payment: Cash Cheque # _____

Date of Payment: _____

I agree that my child, _____, may have his or her photograph taken while enrolled with this day camp and agree that any photograph may be used in the

Friends of Sunnybrook Farm Society's newsletter, brochures or other promotional material.

On field trip days an additional charge of **\$6.00**, to cover transportation cost will be acquired.

A minimum of 8 children will be required before field trips are undertaken.

** All activities are subject to change, depending on the weather.

Parent's Signature: _____

Date: _____

READ AND SIGN RELEASE AND INDEMNITY AGREEMENT ON PAGE 3 OF THIS FORM

List Any Special Needs Your Child Has in Full :

Any special needs, medical conditions, allergies to animals or food that we must be aware of:

Is your child taking any medication at this time? _____

If yes, what is it and how often must it be administered? _____

NOTE: Your child must be able to administer their own medication.

Our Staff are not allowed to administer medications.

Before and After Care: from 8 am to 5 pm - Cost: \$5.00 per child per half hour.

Dates:

	AM		PM	

Name of person who will pick up your child at the end of the day: _____

NOTE: Each child must be signed into the program each day, and signed out when picked up at the end of each day.

Are you a member of the Friends of Sunnybrook Farm Society? (discounts may apply)

please circle **YES** **NO**