

Camp Registration Form

Timothy Christian School
28 Elmhurst Drive
Etobicoke, Ontario M9W 2J5

*Please use one form per family

TCS is a Christian school, offering a Christian themed summer camp.

Please indicate what church you attend:

Church Name: _____

Please indicate if you were referred by a family that currently attends TCS or other Christian school:

Family Name: _____ Name of School: _____

For each child attending please print their name, gender, age, and date of birth.

Name	M/F	Age	DOB

Please check the camp dates the above participants will be attending:

- Week 1 : July 17th – 21nd 2017
- Week 2 : July 24th – 28th 2017
- Week 3 : July 31st – 4th 2017
- Week 4 : August 8th – 11th 2017 – closed on Civic Holiday

Email: _____

Phone #: _____ Name (Dad / Mom / Guardian): _____

Phone #: _____ Name (Dad / Mom / Guardian): _____

Please provide the following medical information:

List any medication that is taken regularly

Child	Medication

Does your child/children have any disabilities, or medical/physical conditions that require accommodation? Yes No

If yes please explain:

Child	Exceptionality	Accommodation

Please provide the following insurance information:

Do you presently have additional health insurance? Yes No

Does your insurance company require pre-authorization for medical treatment?

Yes No

Name of Insurance: _____ Subscribers Name: _____

Policy # _____ Group # _____

Phone # _____

Provincial Health Insurance # (For Canadian Participants Only):

Please provide the following emergency contact information:

Name: _____ Address: _____

City: _____ Primary Phone #: _____

Secondary Phone #: _____ E-mail: _____

Relationship to Registrant: _____

Please indicate if you require before or after camp care:

Check	Extra Care	Cost Per Week
	Before camp	\$20
	After camp	\$35

If you have a child 14 years old or older and you think they will be a good candidate to volunteer as a Jr. Leader please write their name below:

Jr. Leader Candidate: _____ Phone #: _____

To be completed by Camp Admin:

Date Registered : _____ Registration collected by: _____

Amount Collected: _____ Cash / Cheque no. : _____

Payment Summary:

	Campers	Discount Before June 16	Regular	AM Care	PM Care
1 Week	1	\$125	\$140	\$20	\$35
	2	\$200	\$225		
	3	\$250	\$265		
2 Weeks	1	\$250	\$280	\$40	\$70
	2	\$400	\$450		
	3	\$500	\$530		
3 Weeks	1	\$375	\$420	\$60	\$105
	2	\$600	\$675		
	3	\$750	\$798		
4 Weeks	1	\$500	\$560	\$80	\$140
	2	\$800	\$900		
	3	\$1000	\$1060		