



ST. PAUL'S UNITED CHURCH

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2018 Summer Camp Registration Form

Parent's Name _____ Address _____

Phone Number H _____ W _____ C _____

Email _____

Parent's Name _____ Address _____

Phone Number H _____ W _____ C _____

Email _____

1. Child's Name: _____ Gender Self-Identifies As _____

Date of Birth _____ Grade _____

Health Card # _____ Version Code ____ Expiry _____

Camp Week 1 (July 30-August 3)	Half Day \$25 <input type="checkbox"/>	Full Day \$50 <input type="checkbox"/>
Camp Week 2 (August 13-17)	Half Day \$25 <input type="checkbox"/>	Full Day \$50 <input type="checkbox"/>

2. Child's Name: _____ Gender Self-Identifies As _____

Date of Birth _____ Grade _____

Health Card # _____ Version Code ____ Expiry _____

Camp Week 1 (July 30-August 3)	Half Day \$25 <input type="checkbox"/>	Full Day \$50 <input type="checkbox"/>
Camp Week 2 (August 13-17)	Half Day \$25 <input type="checkbox"/>	Full Day \$50 <input type="checkbox"/>

3. Child's Name: _____ Gender Self-Identifies As _____

Date of Birth _____ Grade _____

Health Card # _____ Version Code ____ Expiry _____

Camp Week 1 (July 30-August 3)	Half Day \$25 <input type="checkbox"/>	Full Day \$50 <input type="checkbox"/>
Camp Week 2 (August 13-17)	Half Day \$25 <input type="checkbox"/>	Full Day \$50 <input type="checkbox"/>

4. Child's Name: _____ Gender Self-Identifies As _____

Date of Birth _____ Grade _____

Health Card # _____ Version Code _____ Expiry _____

Camp Week 1 (July 30-August 3) Half Day \$25 Full Day \$50

Camp Week 2 (August 13-17) Half Day \$25 Full Day \$50

Total cost _____ Payment Received

Bursary Requested I am able to pay \$ _____

Emergency Contact

1. Name _____ Relationship with Child _____

Phone # _____

2. Name _____ Relationship with Child _____

Phone # _____

Allergies/Special Needs

Other Information

My child will be picked up by _____

As the parent/guardian of the above-named child(ren), I give permission for them to participate in the St. Paul's United Church Summer Camp. I will provide a peanut-free packed lunch for my full-day campers. In the case of an emergency requiring immediate medical attention where I cannot be reached, I authorize St. Paul's United Church staff and/or volunteers to consent to emergency medical care for the above-named child(ren) on my behalf.

Signature _____ Date _____