



SPY ACADEMY

SUMMER DAY CAMP REGISTRATION FORM

August 16-20, 2010 9:00 am - 12 noon

For kids in Grades 1—7

\$35.00

MAPLE RIDGE BAPTIST CHURCH

22155 Lougheed Highway, Maple Ridge, BC V2X 5V3

604-467-9613 www.mapleridgebaptist.org

OFFICE USE ONLY

Date Received _____

Payment amt _____

Cash _____ Ch# _____

Visa/MC _____

Date entered _____

Family ID _____

Waterslides Yes / No

_____ Bus# _____

Family Name: _____

Group #: _____

First Name: _____ Age: ____ Grade (*in Sept. 2010*): _____

Care Card #: _____ M / F

First Name: _____ Age: ____ Grade (*in Sept. 2010*): _____

Care Card #: _____ M / F

First Name: _____ Age: ____ Grade (*in Sept. 2010*): _____

Care Card #: _____ M / F

Are there any custody arrangements in place that we need to be aware of? No ____ Yes ____

If Yes, please contact Bonnie McBride, Childrens Director 604-467-9613

Parents'/Guardians' Names _____

Address: _____ City _____

Postal Code: _____ Home Phone: _____

Cell/work (Mom): _____ Cell/work (Dad): _____

E-mail address: _____

Do you have a home church? No ____ Yes ____ Which one? _____

Emergency contact Name: _____ Phone: _____

Relationship to Child: _____

Family Doctor: _____ Phone: _____

Does your child have any limitations or health concerns that our staff should be aware of such as ADHD, FAS, mild autism? No ____ Yes ____ If yes, please explain:

Child's name: _____ Details: _____

Allergies: No ____ Yes* ____ If yes, please list: Child's name _____

Details: _____

*if your child has significant food allergies, please ask to see the intended snack schedule and/or send your child with his/her own snacks for the week.

Additional Medical Information

Will your child be bringing:

inhaler epipen insulin other

Do you have any specific instructions regarding the above mentioned medical condition?

Child's name: _____ Details: _____

Friend requests

If possible, please put my child in a group with:

My Child _____ with friend _____

My Child _____ with friend _____

My Child _____ with friend _____

SECURITY INFORMATION:

Please provide mother's maiden name or other password: _____

In case security pickup card for child is lost/forgotten - this is one key piece of information that will be used to verify security check.

GRADES 5 - 7 CHOICE OF BREAKOUT GROUP - child will be in the same group all week.

Breakout Groups

Child: _____

Child: _____

Child: _____

Are you interested in helping out? Sign up here to be a parent helper.

Name: _____ Area of interest: _____

Payment information:

1. Cost of day camp: number of children attending _____ x \$35 = \$

2. Waterslides grades 5-7 (optional)

Number of children going to waterslides _____ x \$35 = \$

(Possibility of \$5 rebate dependant on bus transportation)

Total (please make cheques payable to Maple Ridge Baptist Church) \$ _____

Paid by: Cheque _____ Cash _____ Visa/MC _____

Photography/video information:

This is to inform parents/guardians that during the week of our Summer Day Camp, we will have staff and volunteer photographers and videographers on site taking photos/video of our week's activities. By registering your child for Day Camp, you are indicating that you understand that your child's photo or video of your child may be used for our in-house promotional materials and/or in the DVD of the week's activities and that you are accepting this condition.

Medical Release:

Date: _____

Dear Parent/Guardian:

It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents, and if we need to get immediate help for the child, our procedure is to take the child to the nearest emergency service. Any expenses (e.g., ambulance services) incurred will be the responsibility of the parent(s).

Precautions are taken for the safety of your child, but in the event of accident or sickness, Maple Ridge Baptist Church, its staff, and volunteers are hereby released of any liability.

Please sign the consent below so that we can take appropriate action on behalf of your child. We will take this consent with us to the emergency facility.

MEDICAL RELEASE: In the event my child suffers sudden illness, accident, or injury and neither parent nor emergency contact person can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Signature - Parent/Guardian

Parent's Name - Please print

**Wednesday Cultus Lake Day Trip Permission Form
For Children in Grades 5 - 7**

On Wednesday, August 18th, we are offering a day trip to Cultus Lake Water Park for children entering grades 5-7. We will be leaving at 9:15 after they have checked in and will be returning to Maple Ridge around 4:00 pm. Lunch is NOT included in the cost of this outing, so children will be expected to bring either a bag lunch or money to purchase their lunch at the Water Park. The cost for this day trip will be \$35.00. This includes admission and the cost for the bus. *This fee will be collected at registration time.* Please indicate below if you wish to have your child included in this event.

_____ Yes, I give permission for my child(ren) to attend this Day Trip.

_____ No, my child(ren) will not be attending this Day Trip and will stay on the church site for this day.

Signature - Parent/Guardian

Name - please print