



CAMP DISCOVERY REGISTRATION FORM

PLEASE PRINT

Child's Name: _____ DOB: ____/____/____ SEX: ☐ M ☐ F

Parent 1 Name: _____ Phone 1: _____ - _____ Phone 2: _____ - _____

Address: _____

Email: _____

Place of Work: _____

Parent 2 Name: _____ Phone 1: _____ - _____ Phone 2: _____ - _____

Address (if different from above): _____

Email: _____

Place of Work: _____

Additional Persons Authorized to Pick-Up Child:

Name: _____ Relation: _____ Phone: _____ - _____

Name: _____ Relation: _____ Phone: _____ - _____

Name: _____ Relation: _____ Phone: _____ - _____

Child's Doctor: _____ Phone: _____ - _____

Allergies, Symptoms, Treatment: _____

Other Medical Information: _____

Immunizations Up-To-Date: ☐ Yes ☐ No

Previous Experience Away From Home: _____

Other Information Our Staff Should Be Aware Of: _____

Camp Dates: _____

I give consent for my child to participate in all camp activities including those involving water, soil, sand, glitter, glue, and other reasonable materials in children's activities. I understand that both indoor and outdoor play will take place where my child may get scrapes, bruises, or cuts in a normal capacity; I will be notified immediately of any such incidents. _____ (*please initial*)

I understand Tinkergarden's Health Policy which states that any child who is sick will not be admitted, and that I will arrange to pick up my child should Tinkergarden inform me that my child is exhibiting symptoms while at the centre. _____ (*please initial*)

I understand Tinkergarden's Payment Policies including that all fees are non-refundable. Should my child be absent for any period of time, I accept that I will not be able to negotiate a refund as the space and resources will have already been allocated for my child. Emergencies will be considered on a case-by-case basis. _____ (*please initial*)

I give consent for my child's face to be shown in photographs in our public forums including our official Facebook page, website, and flyers (*optional*): Only in group shots: _____ All: _____ (*please initial*)

Date of Registration: ____/____/____ Parent Signature: _____

School Administrator: _____