

Busy Bodies Summer Camp
245 Wycroft Rd. Unit 3
Oakville, Ontario, L6K3Y6
(905) 337-8535

Summer Camp-Child Registration Form

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: Male or Female Start Date: _____ End Date: _____

Time (please circle): Morning 9-12 / Afternoon 1-4 / Full Day 9-4

Home Address: _____

Home Phone #: _____

Allergies/Restrictions (be specific with symptoms, reactions, and treatment):

Mother's Name: _____

Address (if different from above): _____

Home Phone # (if different from above): _____

Work Phone #: _____

Cell Phone #: _____

Employer's Name/Address: _____

Father's Name: _____

Address (if different from above): _____

Home Phone # (if different from above): _____

Work Phone #: _____

Cell Phone #: _____

Employer's Name/Address: _____

Who will be dropping off and picking up your child consistently _____
(I.D. will be required if other individuals arrive to pick up your child)

EMERGENCY CONTACTS

Name:	Address:	Phone #:	Relationship to Child:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

We at Busy Bodies Indoor Playground and Busy Bodies Summer Camp strive to be a nut free facility, however we cannot guarantee it.

We at Busy Bodies Summer Camp reserve the right to remove a child from the program, due to behavioural issues (i.e. fighting, hitting, biting, etc.). We strive to provide a safe and fun environment for all children.

Request for Emergency Transportation

I _____ am the parent/guardian of _____.
I am requesting that emergency transportation be arranged by any Busy Bodies staff at my own expense for any emergency situation.

Parent's Signature: _____

Date: _____