

Summer Day Camp 2017 Registration Form

Sponsored by:
Cityview Church
4370 Sophia Street
Vancouver, BC V5V 3V7
604-876-6752
office@cityviewchurch.ca
www.cityviewchurch.ca
Contact Person: Trevor Josh
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Camp Dates: July 17–21, 2017
Time: 9:30 am – 3:00 pm daily
(Snacks provided.
Children bring a lunch.)
Who: Kids in Kindergarten to Gr. 6
(Child must be entering Kindergarten or up to Gr. 6 in Sept. 2017)
Where: Cityview Church
Camp Fee: \$100
Siblings: \$80
Before & after camp care available
at \$5.00 per day.

Child Information

_____ (Last Name)	_____ (First Name)	_____ (Birthday: MM/DD/YY)	_____ (School Grade) 2017/18	_____ (Gender M/F)
_____ (Home Phone)	_____ (Street Address)	_____ (City)	_____ (Province)	_____ (Postal Code)
_____ (Family E-mail Address)	S M L XL (Child T-Shirt Size)	_____ (Church currently attending, if any)		

Parent/Guardian Information

Mother/Guardian _____	Father/Guardian _____
Home Phone Number _____	Home Phone Number _____
Mobile Phone Number _____	Mobile Phone Number _____
Work Phone Number _____	Work Phone Number _____

Emergency Contact Information (other than parent/guardian)

Contact Name _____	Contact Name _____
Relation to Child _____	Relation to Child _____
Contact Phone Number _____	Contact Phone Number _____

Medical Information

Family Physician Name _____	Physician Phone Number _____
Care Card Number _____	Other Notable Conditions _____
Medications _____	Special Requests (e.g. friend requests) _____
Allergies _____	_____

Emergency Authorization

I, undersigned, parent or legal guardian of participant, a minor, hereby authorize Cityview Day Camp leaders, assistants, or parents of participants acting in the capacity of activity supervisors/vehicle driver, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

(Signature of Parent or Legal Guardian)

(Date of Signature)

Please register my child for: _____ Day Camp (9:30am – 3:00 pm daily)
_____ Before Camp Care (8:30am – 9:30am daily) _____ After Camp Care (3:00pm – 4:30pm daily)