



# Creative Arts Summer Day Camps!

## Wesley-Knox United Church

**Cost**

**Count Me In! Drop-In Camp Aug. 6-9**  
9 am-3:30 pm

**Four Day Camp: \$140 /child**  
**Daily Drop-In: \$40/day/child**  
(siblings receive a 10% discount)

**Extended hours:**  
8:00 -9:00am & 3:30-4:30pm  
**\$28/4-day week**  
**OR**  
**\$7/day**

Cash, cheque or PayPal accepted

**Count Me In! Drop-In Camp Aug.6-9**  
(Please choose from the following options)

**Four Day Camp (Aug. 6-9) \_\_\_\_\_**

**OR** (Choose the date(s) your child(ren) will attend camp)

**Aug. 6 \_\_\_\_\_**

**Aug. 7 \_\_\_\_\_**

**Aug. 8 \_\_\_\_\_**

**Aug. 9 \_\_\_\_\_**

**Camper Information:**

Last Name	First Name	Date of Birth	Age	Grade (as of Sept 2018)	Gender (circle one)		
					F	M	GN
					F	M	GN
					F	M	GN
					F	M	GN

\*GN denotes Gender Neutral option

**Parent/Guardian Information**

Last Name	First Name
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Address		Postal Code
Home Phone Number	Contact Number During Camp Time	
Email address		
Emergency Contact Name (when parent/guardian cannot be reached)	Emergency contact's phone number	
<b>PERSON(S) RESPONSIBLE FOR PICKING MY CHILD(REN) UP AT THE END OF THE DAY</b>		
Name(s)	Phone Number(s)	

Does your child have any allergies?      **YES**      **NO**  
 If yes, please specify which child and list any allergies, type of reaction and usual treatment.

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Are there any other medical or medical or special concerns or support needed for your child?  
**YES**      **NO**

If yes please specify: \_\_\_\_\_

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**WAIVERS AND PERMISSION**

- As part of the Creative Arts Summer Day Camps program at Wesley-Knox United Church, pictures and videos will be taken for promotional purposes. I give permission for my child to be included in these pictures and videos.  
 YES      NO

2. I give permission for my child to walk home from this program without being signed out by an approved adult and understand that my child will leave the program at 3:30 p.m.  
YES      NO

3. I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree not to hold Wesley-Knox United Church or any of its employees and volunteers responsible in the event of an injury to my child.

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Parent/ Guardian Signature

Date

## Creative Arts Summer Day Camps!

### Off-Site Activity Permission Slip

During each of our summer camps, your child will visit a local parkette daily (weather permitting) to play active games and do some outdoor art activities. I understand that my child will walk to the park with Camp Director Kim Stark and the Camp Staff, will be supervised at the park by Kim and her staff and will walk back to the church with Kim and her staff. Every precaution will be taken for participant safety.

I give permission for \_\_\_\_\_ to participate in the Off-Site Activities at Victor Street Park in Wortley Village.

I understand that my child will be walking to and participating in activities at Victor Street Park in Wortley Village. I understand that camp activities have an inherent risk factor and that all appropriate precautions will be taken for participant safety. I agree not to hold Wesley-Knox United Church or any of its employees and volunteers responsible in the event of an injury to my child.

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Parent/Guardian Signature

Date

For more information please call Kim Stark at 519 673 4803 ext. 203 or email at [wesleyknoxchildrenandyouth@gmail.com](mailto:wesleyknoxchildrenandyouth@gmail.com)