

HCA SUMMER CAMP REGISTRATION FORM 2019

To submit summer camp registration, please mail, email, fax, or drop off in person. Thank you!

STUDENT INFORMATION

Date of Registration:	New or Returning Camper (please circle or highlight): New Returning	
Student name:		
Entering Grade:	Date of Birth:	Gender: (opt)
Referred by: <input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Social Media <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other _____		

Parent/Guardian:	
Mailing Address:	
Email address:	
Main Telephone:	Alternate Telephone:

CAMP INFORMATION

Camp name	Camp dates	Camp Fee (Tax Exempt)
1.		
2.		
3.		
		SUBTOTAL: \$

EXTENDED CARE (Extended Care can be requested until one week prior to camp, subject to availability.)

Camp name & dates	Early Drop Off	After Camp Care
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
		SUBTOTAL: \$

Early Drop-Off | 8 am- 9am on a weekly basis for \$20/25 for a 4 or 5-day program respectively)

After Camp Care | 3:30-5:30 pm on a weekly basis for \$15/20 4 or 5-day program respectively)

All campers will receive complimentary After Care on the final day of their camps to allow time for a dress rehearsal prior to the final performance.

TOTAL FOR ALL CAMP & EXTENDED CARE	\$
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METHOD OF PAYMENT

Full name of payer		
<input type="checkbox"/> Cheque (made payable to Hamilton Conservatory for the Arts)	Debit (in person) <input type="checkbox"/>	
<input type="checkbox"/> Cash (in person)	MasterCard or VISA (for this option, please call HCA at 905-528-4020 with your credit card information) <input type="checkbox"/>	

MEDICAL INFORMATION

Medical Conditions/Allergies/Behavioural Concerns (Please note that HCA is not equipped to deal with children who require one-on-one supervision):
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EMERGENCY CONTACT & PICKUP INFORMATION

Student name:		
Primary Emergency contact	Relationship to student	Permission to Pick up <input type="checkbox"/> Yes
Telephone Number	Telephone number (secondary)	<input type="checkbox"/> No
Secondary Emergency contact	Relationship to student	Permission to Pick up <input type="checkbox"/> Yes
Telephone Number	Telephone number (secondary)	<input type="checkbox"/> No

The following alternate person(s) has my permission to pick up from Hamilton Conservatory for the Arts when I am unable to do so.

Name:	Relationship to student:	Telephone:
Name:	Relationship to student:	Telephone:

PARTICIPATION AND PHOTO RELEASE

Will you allow your child to go on short supervised trips as well as lunch breaks outside the Conservatory?

Yes No

There are times when the media runs stories of the activities we have at the Conservatory, or we like to take photographs and/or video for marketing, promotional, and archival use (includes social media, website, print materials, instructor training documents, etc). Do you give permission for your child to be photographed or videotaped?

Yes No

Please note: Hamilton Conservatory for the Arts is not responsible for personal injury on the premises, or for the loss of personal property.

Printed Name of Parent/Legal Guardian:	
Signature:	Date: