

## Kids in the Marsh Registration Form

Family Information	
Parent/Guardian's Name	
Family Address	
Home #	
Work #	
Emergency Contact Name	
Emergency Contact Relationship	
Emergency Contact Phone #	

Participant Information			
<i>Participant 1</i>			
Name:	Age:	Birth date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Weekly Theme Chosen			Program <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> full day
Date(s) Selected (indicate start date only)			Fee:
Medical & Special Needs Information (please list all allergies, behavioural conditions, physical/development impairment, other)			
<i>Participant 2</i>			
Name:	Age:	Birth date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Weekly Theme Chosen			Program <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> full day
Date(s) Selected (indicate start date only)			Fee:
Medical & Special Needs Information (please list all allergies, behavioural conditions, physical/development impairment, other)			

Method of Payment
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque* *Please make cheques payable to Friends of Second Marsh and bring with you on the 1 <sup>st</sup> day of camp.

Name of Parent/Guardian (Please Print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_