



PLAYTIME ENTERTAINMENT INC.

DAY CAMP REGISTRATION 2010

PLEASE PRINT LEGIBLY

Child's Name _____
(last) (first)

Address _____

Postal Code _____ Phone # _____

Child's Age _____ Birth Date _____ Male Female (circle one please)

Last Grade Completed _____ Week _____

Shirt Size: Youth: S M L Adult: S M L

Parent/Guardian's Name:

Mother _____ Home # _____ Bus. # _____ Cell# _____

Father _____ Home # _____ Bus. # _____ Cell# _____

Child Resides With: Mother Father Both (circle one please)

EMERGENCY CONTACT (other than Parent/Guardian)

Name _____ Home # _____ Bus. # _____ Cell# _____

Authorization of Release

I hereby authorize the following people above the parent/guardian mentioned above, to pick up my child at PLAYTIME ENTERTAINMENT INC. Day Camps.

1. Name _____ Home # _____ Bus. # _____ Cell# _____ 2.

Name _____ Home # _____ Bus. # _____ Cell# _____

3. Name _____ Home # _____ Bus. # _____ Cell# _____

If there are any changes in these arrangements I will give advance written notice.

Please list any special instructions or any persons who are NOT authorized to pick up your child?

Understanding of Rules & Regulations, Disciplinary Procedure and Enrollment Package

I hereby declare I have read and fully understand the PLAYTIME ENTERTAINMENT INC. "Day Camp Enrollment Package 2010". I agree that I will ensure my child is prepared for the activities each day and will notify the camp of any concerns that may concern my child. PLAYTIME ENTERTAINMENT INC. will notify me with any concerns that may arise.

Parent Signature _____ Date _____



Field Trip Permission

I hereby grant permission for my child to attend the scheduled field trips as an activity of Day Camp. I recognize that I will be notified in advance of the details of any field trip.

Parent Signature _____ Date _____

Photo Release Agreement (Optional)

The Undersigned hereby grants the PLAYTIME ENTERTAINMENT INC. Day camps permission to take and publish still photographs or publish those previously taken of my child.

Parent Signature _____ Date _____

Parent/Guardian Consent

In event of an accident or injury to my child, I authorize PLAYTIME ENTERTAINMENT INC. to seek medical attention in my absence. If my child is on medication and is unable to take it on their own, PLAYTIME ENTERTAINMENT INC. staff may help administer the medication.

Parent Signature _____ Date _____

This form must be completed in FULL, signed by a parent or guardian, and returned to PLAYTIME ENTERTAINMENT INC. PRIOR to the first day of camp. PLAYTIME ENTERTAINMENT INC. Will not be able to enroll campers without this form being completed.

Camper's Medical Information

1. Are your child's immunizations and booster shots up-to-date with school standards?

No Yes

2. Has your child recently been in contact with any communicable diseases?

No Yes

If yes, which disease _____ and when _____

3. Does your child have any serious fears or phobias? (i.e. water, dark)

4. Does your child have any allergies?

Hay Fever _____ Insect Stings _____ Animals _____ Penicillin _____



Drug Allergies (please specify)

Food Allergies (please specify)

Other Allergies

5. Does your child carry medication for their allergies? No Yes

If yes please provide details: _____

6. Does your child carry an EpiPen for their allergies? No Yes

If they do, do they know how to use it? No Yes

*Parents must complete an EpiPen Authorization form before it can be administered by PLAYTIME ENTERTAINMENT INC. Staff. Contact the Day Camp Director for more information.

7. Does your child have any physical handicaps or limitations?

8. Does your child have any of the following disorders? Please check and provide further information.

Diabetes _____ Ear Infections _____ Asthma _____ Epilepsy _____

ADD/ADHD _____ Behavior Disorders _____

Additional Details

Does your child have any medication for the above conditions?

Does your child need to take medication during camp time? No Yes

*If yes, parents/guardians must sign a Medical Release form. Please contact the Day Camp Director for more information.

9. Is there anything else that will help us to know your child better? (Attach additional sheet if necessary)

Manitoba Medical Number _____ / _____
(6 digit #) (9 digit personal #)

Name of Family Doctor _____ Phone # _____

Parental Authorization



The Health history provided in this form is correct, so far as I know. The person herein described has permission to engage in all prescribed camp activities, including field trips and off site activities.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY							
SESSION(S) REGISTERED FOR:							
1	2	3	4	5	6	7	8
TOTAL COST (\$125/WEEK EXCEPT SESSION #5 IS \$105/4 DAY WEEK):							

METHOD OF PAYMENT : CASH _____ DEBIT _____ CREDIT CARD _____							
VISA MASTERCARD (PLEASE CIRCLE ONE)							
CREDIT CARD NUMBER: _ _ _ _ - _ _ _ - _ _ _ _ EXP. _ / _							

NAME ON CREDIT CARD							

FAMILY DISCOUNT APPLIED? YES/NO (10% OFF MULTIPLE SESSIONS OR MULTIPLE CHILDREN)							
PLEASE ATTACH RECEIPT AT TIME OF PAYMENT							