



**FOREST GROVE
PRESCHOOL**
Academy of Arts and Technology

SUMMER CAMP ADMISSION

This form should be completed by a parent or guardian, and dropped off with **Forest Grove Preschool** or emailed to **Office@ForestGrove.ca**

<p>Your Child _____</p> <p>Gender: M / F</p> <p>Siblings attending FGP: Yes/ No</p> <p>Returning Student: Yes/ No</p> <p>New Enrollment: Registration fee (\$40 per child, \$100 per child for both Summer and Fall Programs)</p> <p>\$ _____ paid on _____ Chq# _____</p>	<p>How did you hear about our program?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Special Notes about your child:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Summer Camp (3.8y - 12y)	Fee (Per Week)	Program Choice: Please specify which weeks you would like to enroll in
Full Day 9:00am - 4:00pm	\$250.00	<input type="checkbox"/> July 3rd - 6th* <input type="checkbox"/> July 9th - 13th <input type="checkbox"/> July 16th - 20th <input type="checkbox"/> July 23rd - 27th <input type="checkbox"/> July 30th - August 3rd <input type="checkbox"/> August 7th - 10th* <input type="checkbox"/> August 13th - 17th <input type="checkbox"/> August 20th - 24th
Early Arrival 7:30am - 9:00am	\$25.00	
Late Pick Up 4:00pm - 6:00pm	\$25.00	
<p>Total Payment:</p> <p>\$ _____ paid on _____ Chq# _____</p> <p><i>Payment must be made at the time of enrollment to ensure a reserved space for our Summer Camp Program.</i></p>		
		<p>*Please note the Statutory and Civic Holidays, July 2nd, and August 6th. Forest Grove will be CLOSED those 2 days.</p>

Children must bring PEANUT/NUT FREE snacks and bag lunches.

We agree to our Child's photograph to be used in promotional materials for Forest Grove and/or published on social media. You have been provided with a Photo Release Form, please sign to acknowledge you have read and signed that form.

Parent Name _____ Parent Signature _____ Date _____

ALL FIELDS ARE MANDATORY PRIOR TO ACCEPTANCE

Child's Name: (first) _____ (middle) _____ (last) _____

Birth date: Day: _____ Month: _____ Year: _____

Home Address: _____ City: _____ Postal Code: _____

Telephone No. (Home): _____

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Home Address: _____

Home Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Telephone No. [Home/Main]: (____) _____

Telephone No. [Home/Main]: (____) _____

[Cell Phone/Secondary]: (____) _____

[Cell Phone/Secondary]: (____) _____

Occupation: _____

Occupation: _____

Employer's Name: _____

Employer's Name: _____

Address: _____

Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Business Telephone:(____) _____

Business Telephone:(____) _____

Email: _____

Email: _____

If parents are **separated/divorced**, please indicate with whom child is living: **Mother:**____ **Father:**____

Doctor's Name: _____ Telephone No. [Home/Main]: (____) _____

Address: _____ City: _____ Postal Code: _____

Allergies: _____

Suspected food sensitivities: _____

Dietary restrictions: _____

Previous conditions requiring medical assistance: _____

Prior communicable diseases: _____

Names and ages of siblings: _____

Languages spoken at home: _____

Are you/have you been involved in any community support services? _____

Any other important information: _____

EMERGENCY CONTACT 1: (Other than Parent)

EMERGENCY CONTACT 2: (Other than Parent)

Name in Full: _____

Name in Full: _____

Relationship to Parent: _____

Relationship to Parent: _____

Home Address: _____

Home Address: _____

City: _____ Postal Code: _____

City: _____ Postal Code: _____

Telephone No. [Home/Main]: (____) _____

Telephone No. [Home/Main]: (____) _____

[Cell Phone/Secondary]: (____) _____

[Cell Phone/Secondary]: (____) _____

Email: _____

Email: _____

Person(s) to whom child may be released: _____