



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

SUMMER CAMP ADMISSION

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

Your Child _____

Gender: M / F

Siblings attending FGP: Yes/ No

Returning Student: Yes/ No

New Enrollment: Registration fee (\$25 per child, \$100 per child for both Summer and Fall Programs)

\$_____ paid on _____ Chq#_____

How did you hear about our program?

Special Notes about your child:

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	\$255.00	<input type="checkbox"/> July 2nd - 5th* <input type="checkbox"/> July 8th - 12th <input type="checkbox"/> July 15th - 19th <input type="checkbox"/> July 22rd - 26th <input type="checkbox"/> July 29th - August 2nd <input type="checkbox"/> August 6th - 9th* <input type="checkbox"/> August 12th - 16th <input type="checkbox"/> August 19th - 23th *Please note the Statutory and Civic Holidays, July 1st, and August 5th. The cost for these two weeks is \$200/week.
Half Day (2.5y - 4y) 9:00am - 12:30pm	\$150.00	
Early Arrival 7:30am - 9:00am	\$20.00	
Late Pick Up 4:00pm - 6:00pm	\$25.00	
Total Payment: \$_____ paid on _____ Chq#_____		
<i>Payment must be made at the time of enrollment to ensure a reserved space for our Summer Camp Program. No refunds or credits.</i>		

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: _____