



# SUMMER CAMP ADMISSION

This form should be completed by a parent or guardian, and dropped off at Forest Grove Preschool or emailed to [Bosiljka@ForestGrove.ca](mailto:Bosiljka@ForestGrove.ca)

Your Child \_\_\_\_\_  
Gender: M / F  
Siblings attending FGP:  
Yes /No

How did you hear about our program?

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## Summer Camp (4yrs - 8yrs)

Special Notes about your child:

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Campers will enjoy most of their time outdoors connecting with nature. A typical day will start outdoors; nature walks through the nearby forest, outdoor yoga, scavenger hunts, and organized sports and games. Campers indoor time will be spent working on art projects games, exploring science activities, and more.

**Program Choice:** Please specify which weeks you would like to enroll in. \*Closed August 4th Civic Holiday.

**\$325 /week (Week 5: \$260)**  
**Programs are from 8:30 – 4:30**

- ☐ Week 1 July 7-11
- ☐ Week 2 July 14 - 18
- ☐ Week 3 July 21 - 25
- ☐ Week 4 July 28 - August 1
- ☐ Week 5 August 5 - 8\*
- ☐ Week 6 August 11-15

**Minimum 2 week enrollment**

Total Payment:

\$ \_\_\_\_\_ paid on \_\_\_\_\_ Chq# \_\_\_\_\_

***Payment must be made at the time of enrollment to ensure a reserved space for our Summer Camp Program.***

***No refunds or credits unless program is canceled due to low enrollment***

***Method of payment: Cheque payable to Forest Grove Preschool Academy***

**Children must bring their own PEANUT/NUT FREE snacks and lunch.**

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:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Telephone No. [Home/Main]:** ( ) \_\_\_\_\_  
**[Cell Phone/Secondary]:** ( ) \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Employer's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Business Telephone:**( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Telephone No. [Home/Main]:** ( ) \_\_\_\_\_  
**[Cell Phone/Secondary]:** ( ) \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Employer's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Business Telephone:**( ) \_\_\_\_\_  
**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)**

**Name in Full:** \_\_\_\_\_  
**Relationship to Parent:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Telephone No. [Home/Main]:** ( ) \_\_\_\_\_  
**[Cell Phone/Secondary]:** ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**EMERGENCY CONTACT 2: (Other than Parent)**

**Name in Full:** \_\_\_\_\_  
**Relationship to Parent:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Telephone No. [Home/Main]:** ( ) \_\_\_\_\_  
**[Cell Phone/Secondary]:** ( ) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Person(s) to whom child may be released:** \_\_\_\_\_