

**Summer Day Camp - 2024  
Child Registration Form  
Mennonite Heritage Village**

**Camp Dates:**  July 8-12 (ages 5-7)  
 July 15-19 (ages 8-10)  
 July 22-26 (ages 11-14)  
 August 12-16 (ages 7-11)  
 August 19-23 (ages 7-11)  
(Please check box)

**Child's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

**Mother/Guardian:** \_\_\_\_\_  
(last name) (first name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_  
(last name) (first name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**Health Information:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Allergies/Medical Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List special needs, if applicable:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Mobile: \_\_\_\_\_

Cost of registration: \$165.00

Member cost: \$148.50

Parents/guardians, recognizing that MHV will do its part to provide qualified, well-trained staff and a safe environment, agree to assume all risks, and to release, indemnify, and save harmless Mennonite Heritage Village, its employees (on whose behalf this agreement is made) and representatives, from any injury, loss of damage that may occur to the camper or the camper's property.

This form contains Terms of Agreement as an additional sheet and forms a binding contract once signed.

I/We acknowledge that we have read the terms of agreement and consent to the same and warrant the information set out above is correct.

Date: \_\_\_\_\_ Signature of parent/guardian:  
\_\_\_\_\_

**Photo Consent Form:**

We, as parent/guardian grant Mennonite Heritage Village permission to use any photos that may be taken of my child during the program to use for promotional purposes.

Date: \_\_\_\_\_ Signature of parent/guardian:  
\_\_\_\_\_

**\*\*\*\*For Office Use Only\*\*\*\***

Payment made by:

Cheque      Credit Card      Debit      Cash

Payment accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation sent by: \_\_\_\_\_ Date: \_\_\_\_\_