



School District # 28



Quesnel Child Development Centre

REGISTRATION FORM YOUTH SPRING BREAK DAY CAMP 2016

Day-Camp held at Quesnel Helen Dixon Centre 241 Kinchant Street

PARTICIPANT'S NAME: _____

BIRTHDAY: _____ **AGE:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

HOME PHONE # _____ **CELL #** _____

EMERGENCY CONTACT: Name _____ **Phone** _____

ALLERGIES: _____

SPECIAL CONSIDERATIONS: (i.e. Medical problems or support needs)

DAYS ATTENDING: (Check all that apply)

Mon March 21 ___ **Tue Mar 22** ___ **Wed Mar 23** ___ **Thurs Mar 24** ___

Full days _____ (9am-3pm) **Half Days** _____ (3 hours or less) **Time attending** _____

(\$30 per Day X 4 Days = \$120)

(1/2 Day \$17 per Day X 4Days = \$68)

TOTAL PAYMENT: \$ _____ (Note on receipt "Youth Action Group")

_____ (Cash) _____ (Cheque)

(Cheque payable to Quesnel & Dist Child Development Centre –note YAG)





YOUTH ACTION GROUP

YOUTH ACTION GROUP DAY-CAMP 2016 Consent for photographs

NAME: _____

D.O.B.: _____

DATE: _____

I consent to photographs or films taken of my youth, and agree that such photographs or films may be shown for educational purposes and/or community awareness.

Yes _____

No _____

Signature _____
Parent/Guardian

_____ Date

This consent will be active for one year