

Registration Form: Summer Camps

Family Information

| | | | |
|----------------------|----------------|--|---|
| phone number | email | I would like to receive email updates from Community Services regarding programs, events and services. <input type="checkbox"/> yes <input type="checkbox"/> no | |
| family address | unit/apt. | city | postal code |
| parent/guardian name | business phone | mobile phone | Are you a new applicant? <input type="checkbox"/> yes <input type="checkbox"/> no |
| parent/guardian name | business phone | mobile phone | Has your address changed? <input type="checkbox"/> yes <input type="checkbox"/> no |

Participant 1

birthdates are used for program planning

| | | | |
|------------------------|---|---|----------------------|
| last name | first name | birth date (M) _____ (D) _____ (Y) _____ | gender |
| Camp Name | Type of Camp | Date | Activity Code |
| 1 st choice | <input type="checkbox"/> Regular <input type="checkbox"/> Extend | | |
| 2 nd choice | <input type="checkbox"/> Regular <input type="checkbox"/> Extend | | |

Participant 2

birthdates are used for program planning

| | | | |
|------------------------|---|---|----------------------|
| last name | first name | birth date (M) _____ (D) _____ (Y) _____ | gender |
| Camp Name | Type of Camp | Date | Activity code |
| 1 st choice | <input type="checkbox"/> Regular <input type="checkbox"/> Extend | | |
| 2 nd choice | <input type="checkbox"/> Regular <input type="checkbox"/> Extend | | |

Additional Camper Information Required

Campers requiring additional staff support at camp can apply online to Inclusion Support - Summer Camps activity **54510**
Application deadline for campers requiring additional staff support: Summer Camp - May 30, 2025.

Inclusion support campers: please complete camper profile available at pickering.ca/camps

Please indicate if 1 to 1 support is required yes no Please note: additional staff support is not available for extendacamp

Medical Needs: yes no (if yes, describe)

Allergies (including peanuts):

Payment

debit

cheque payable to: City of Pickering

VISA

MASTERCARD -

expiry date: - amount to be charged \$ _____

card holder name (please print): _____

signature: _____

I hereby release the City of Pickering from all claims arising from any accidents or injury which are caused by or arise from participation of the applicants named above, during any program or in any facility or at any location where the program is being held.

signature: _____

How are you going to register today?

Online at pickering.ca/active

Fax with a credit card number to 905.831.9370

Drop-off, Mail, or In Person: Chestnut Hill Developments Recreation Complex
(1867 Valley Farm Road)

City of
PICKERING