



# Educational & Adventure Summer Fun Camp

JK - Grade 5  
July 5- August 13  
2021

Camp: 8:30 am to 4:00pm

## Select Your Weeks:

- July 5 - 9  
 July 12 - 16  
 July 19 - 23  
 July 26 - 30  
 August 9 - 13

Camper's Legal Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Male or Female (circle one)

Last Year of School Completed: \_\_\_\_\_ Age: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (other): \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (other): \_\_\_\_\_

Emergency Contact (1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your camper have any allergies or take any medications? **Yes No** (circle one)

If **"Yes"** please provide details: \_\_\_\_\_

EpiPen User? **Yes** \_\_\_\_ **No** \_\_\_\_

Health Card #: \_\_\_\_\_

**Email completed form to [studentservices@themaplesschool.com](mailto:studentservices@themaplesschool.com)**