



Camp MooChee BooChee Registration Form

Camper Information

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____ Grade (as of September 2011): _____ Gender: Male Female
Month Day Year

Address: _____ City/Province: _____ Postal Code: _____

Home Phone: _____ School: _____ Christian: Yes No

Medical Information

Name of Doctor: _____ Phone Number: _____

Does your child have any medical condition(s) (e.g., allergies, physical impairments) that we should know about? Yes No

If YES, please name and describe the condition and tell us how you would like us to deal with it:

Does your child require the administration of any medication during day camp? Yes No

If YES, please fill out the following:

Name of medication: _____ When and how often should it be given? _____

Refrigeration required? Yes No Dosage: _____ Other Instructions: _____

Parent(s)/Guardian(s) Information (if other than above)

Last Name: _____ First Name: _____

Address: _____ City/Province: _____ Postal Code: _____

E-mail Address: _____ Church (if applicable): _____

Emergency Contact: _____ Relationship to Camper: _____ Phone Number: _____

Name of the person who you authorize your child to be picked up by: Name: _____ Relationship: _____

How did you hear about our day camp? MCBC Magnetic Sign Flyer Website Friend Other _____

Weekly Program: Early bird fee - \$125/week/child; After March 27, 2011 - \$145/week/child

Check the weeks you wish to sign your child up for:

✓	Week / Theme	Amount (\$)
	July 4 - 8 :	
	July 11 - 15 :	
	July 18 - 22 :	
	July 25 - 29 :	
	August 8 - 12 :	
	August 15 - 19 :	

* Please make cheques payable to: Mississauga Chinese Baptist Church (Tax receipts will be issued in February 2012 for Child Care Credit)

* Cancellation Fee - \$30; NO REFUND after June 26, 2011

Conditions of Enrollment:

1. Care is taken for the safety and good health of our campers, but in the event of an accident or sickness, Mississauga Chinese Baptist Church and the day camp staff are hereby released from any liability.
2. In the event that a camper requires special medical treatment beyond that which is possible at camp, the parent(s)/guardian(s) will be notified immediately and will be charged any additional expenses of transportation and special care.
3. I give permission for Camp MooChee BooChee to use any photographs and video documentation my child is in for promotional material.
4. Camp MooChee BooChee requires that campers who have medical conditions be able to manage their exposure to those substances, bring the appropriate medication to camp and be familiar with its use. We require the parent(s)/guardian(s) to report the medical condition to the camp director immediately.
5. The camper must be dropped off after 7:30 AM and picked up by 6:00 PM. If this is not possible, you must notify the camp director upon registration so that special arrangements can be made, or in case of any emergency during the day camp, please call the camp director or church office before 5:00 PM. A late fee of \$1 per minute will be charged.
6. The camp director reserves the right to dismiss a camper, who in their opinion, is a hazard to the safety and the rights of others, or who appears to have rejected the reasonable rules and regulations of Camp MooChee BooChee.
7. I acknowledge that the MCBC day camp staffs are NOT responsible for any lost, stolen, or damaged personal belongings of my child.
8. I give permission for my child to participate in the daily activities scheduled by the Mississauga Chinese Baptist Church (MCBC) day camp committee. I acknowledge that these activities will take place on MCBC property.
9. I give permission for my child to attend the scheduled field trip(s) for the week(s) I have signed him/her up for.

Signature of parent/guardian: _____ Date: _____

For more info, please contact Mississauga Chinese Baptist Church at: 905-238-9121, moocheeboochee@gmail.com, or www.mbcdaycamp.com

For Office Use Only:	
Amount Received : \$ _____	Form of Payment: Cheque Cash
Received From: _____	Date: _____
Received By: _____	Receipt Number: _____