



Bright Skies Summer Day Camp  
 2019 Participant Application Form  
 (For ages 5 to 16)

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact & relationship with camper:

\_\_\_\_\_

Medical conditions/diagnosis/developmental conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications: (those given at home, or at camp)

\_\_\_\_\_

\_\_\_\_\_

I consent for Bright Skies Day Camp staff to administer the medication listed below to my child:

_____	_____	_____
Name of medication	dose	time

_____	_____	_____
Name of medication	dose	time

Allergies: (Please specify symptoms and treatments)

\_\_\_\_\_

\_\_\_\_\_

Seizures: \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

(Child's name: \_\_\_\_\_)

T-shirt Size: \_\_\_\_\_ Camper's swimming Level: \_\_\_\_\_

Photo/Video Consent: I give permission for my child to be photographed by RECC staff/ media/other parents for the purpose of publication on social media/newspapers/other promotion.  
\_\_\_\_\_YES \_\_\_\_\_NO

Does your child require one on one support? \_\_\_\_\_

Please explain why: \_\_\_\_\_  
\_\_\_\_\_

Behaviors of concern: (please describe any behavior programs you would like us to follow)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities/Interests, Fears/Dislikes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safe Pick Up: Camp staff will only release the children to the parents/guardians and those people you list below. If someone not listed will be picking your child up, please send a written note with your child.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**\*Registrations will be accepted beginning on June 2<sup>nd</sup> via email or in person at the RECC from 10:00AM – 2:00PM**  
**\*Registration schedules will be confirmed by June 15<sup>th</sup> and payment must be received July 2<sup>nd</sup> or spots will be given to other registrants.**  
**\*Parent Orientation Day – TBD**

**\*For further information or to submit your completed registration form please email: [brightskies@therecc.ca](mailto:brightskies@therecc.ca)**





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Child's name: \_\_\_\_\_

Due to the overwhelming need for this program, **RECC Bright Skies is only accepting children on a part time basis** up to 3 days per week and 21 days for the duration of the program. Days are booked on a first come first served basis, with the needs of the children taking priority.

**Method of Payment:** Cash or Cheque made out to **Central Nova Civic Centre Society**

Camp fees: **\$30.00 per day per child and are payable in full by July 2<sup>nd</sup>.**

**Camp dates:** (9:00am – 2:00pm each day)

***July 2<sup>nd</sup> - 5<sup>th</sup>***  
***July 8<sup>th</sup> - 12<sup>th</sup>***  
***July 15<sup>th</sup> - 19<sup>th</sup>***  
***July 22<sup>nd</sup> - 26<sup>th</sup>***

***July 29<sup>th</sup> – Aug 2<sup>nd</sup>***  
***Aug 5<sup>th</sup> – 9<sup>th</sup>***  
***Aug 12<sup>th</sup> – 16<sup>th</sup>***

Please specify the preferred dates: (maximum of 21)

_____	_____
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_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**For further information or to submit your completed registration form beginning June 2<sup>nd</sup>, please email: [brightskies@therecc.ca](mailto:brightskies@therecc.ca)**