



Section A – Parents

	First Name	Last Name
Mother/Legal Guardian		
Father/Legal Guardian		

Section B – Participant

Child's Name: \_\_\_\_\_  
Surname First Name

School: \_\_\_\_\_ Grade (as of September 2019): \_\_\_\_\_

Section C – Payment Information

Select Session Option (Please check all that apply)

- \_\_\_\_\_ ALL SESSIONS Full payment of \$1520.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 1 (July 2-5) Full payment of \$160.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 2 (July 8-12) Full payment of \$200.00 Friday, May 24, 2019.
- \_\_\_\_\_ Session 3 (July 15-19) Full payment of \$200.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 4 (July 22-26) Full payment of \$200.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 5 (July 29-August 2) Full payment of \$200.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 6 (August 5-9) Full payment of \$160.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 7 (August 12-16) Full payment of \$200.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Session 8 (August 19-23) Full payment of \$200.00 due Friday, May 24, 2019.
- \_\_\_\_\_ Early drop off (Circle all that apply): \$25.00 per week
  - Children must be registered and pay in advance for early drop off service.

\*Payment can be made by cash or cheque only.

**Section D – Consent & Signature**

- I hereby register my child(ren) to attend Summer Plus.
- I consent to receive email communication from St. Bonaventure's College and understand I can unsubscribe anytime by clicking the unsubscribe button in ConstantContact emails.
- I give St. Bonaventure's College permission to use my child's photo. I understand that these images may be used in print publications, advertisements, and online for St. Bonaventure's College. My child's full name will not accompany their photo.
- I am familiar with all school policies and will respect and adhere to them.
- I agree to pay registration in accordance with the payment option selected.
- I understand this registration will only be considered complete if all required information has been completed and the non-refundable registration for each child has been included.
- I understand I will be charged a \$25 fee for any NSF payments
- I understand that if I choose to withdraw my child(ren) after the May payment, all payments are non-refundable.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Field Trip Permission Form/  
Emergency Medical Treatment Authorization**

We, \_\_\_\_\_ hereby authorize the counsellor in charge of \_\_\_\_\_ (child's name) to secure emergency medical advice and services as may be deemed necessary for the health and safety of our daughter/son (the "child") while participating in activities both on and off campus for Summer Plus. We hereby authorize the counsellor in charge to act generally on behalf of the child and as fully in/all aspects as we would reasonably do AND we hereby agree to accept financial responsibility for any excess of the benefits allowed by the Provincial Health Plan and undertake to save harmless and indemnify St. Bonaventure's College from all claims, demands actions or suits which may be brought against St. Bonaventure's College in respect to any matters or things hereinbefore set forth.

Dated in the City of St. John's, this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

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

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

Parent/Guardian's Name, Address & Telephone/Cell #'s/Email:

Parent/Guardian's Name, Address & Telephone/Cell #'s/Email:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Plans with Numbers:

Other Medical Plans with Numbers:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**St. Bonaventure's College Summer Plus -- Participant Information Sheet 2019**

**Please complete the information below and return to the school as soon as possible:**

CHILD'S NAME: \_\_\_\_\_  
First Middle Last  
GRADE – AS OF SEPTEMBER 2019 \_\_\_\_\_ DOB: \_\_\_\_\_ MCP #: \_\_\_\_\_  
D/M/Y (Required information)

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone (h): \_\_\_\_\_  
Phone (w): \_\_\_\_\_  
Phone (c): \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Phone (h): \_\_\_\_\_  
Phone (w): \_\_\_\_\_  
Phone (c): \_\_\_\_\_  
Email: \_\_\_\_\_

**SIBLINGS:** Please list any siblings attending camp

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS (ALLERGIES, ASTHMA, ETC.) THAT WE SHOULD BE AWARE OF?  
Yes  No

If so, please explain: \_\_\_\_\_

How will your child leave camp each day?

- Walk home alone  Go with sibling  
 Wait for parent/guardian  other? Please explain

**EMERGENCY INFORMATION**

In case of emergency, who should the camp contact?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Additional Contact: \_\_\_\_\_