

Registration Form: Winter / March Break 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

Application deadline for campers with special needs requiring additional staff support: Winter Break Camp - December 11, 2023 March Break Camp - February 26, 2024.	
Special Needs: please submit 'camper profile' with this application. Please indicate if one-on-one support is required: <input type="checkbox"/> yes <input type="checkbox"/> no	Please note: additional staff support is not available for extendacamp
Medical Needs: <input type="checkbox"/> yes <input type="checkbox"/> 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