



Pokrova Children's Ukrainian Arts Camp 2017

REGISTRATION FORM 2017

CHILD INFORMATION:

SURNAME	FIRST NAME	M/F	DATE OF BIRTH (YYYYMMDD)	AGE (as of July 16, 2017)

T-SHIRT SIZE (circle one)	Approximate Height (cm)	PREVIOUS ATTENDANCE? Y/N	OHIP #
Youth: XS S M L Adult: S M L XL			

PARENTS/GUARDIANS:

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Daytime Phone:	Daytime Phone:
Cell Phone:	Cell Phone:
Email:	Email:

MEDICAL HISTORY

Allergies? Y/N	If Yes, Provide detail. (EpiPen?)	Medications? Y/N	If yes, provide details. (Name, dosage required & condition being treated)

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Do you need to restrict the child's activities for medical reasons?	If yes, please indicate details of restrictions and when applicable:	Are immunizations up to date?	Date of last tetanus shot (Month and Year):

Other concerns/issues the Camp should be aware of?

FAMILY PHYSICIAN Name: _____ Telephone: _____

GENERAL INFORMATION

(For curriculum programming only – please circle one answer)

Does your child speak Ukrainian?	Fluent	None	Some
Does your child have any Ukrainian dance experience?	Yes	No	If yes, how much?
Does your child play any musical instruments?	Yes	No	If yes, what instrument and for how long?
Will you child(ren) have access to a photography device (smartphone, tablet, or camera) for the week?	Yes	No	Maybe

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DROP OFF/PICK UP INFORMATION:

	Name of Parent/Guardian	Relationship
Drop Off		
Pickup		

IN CASE OF EMERGENCY

	Name	Relationship	Phone (h)	Phone (w)	Phone (C)
1.					
2.					
3.					

PAYMENT INFORMATION

	AMOUNT	DUE DATE
Full Registration		June 15/17
1 st Child - \$285.00		
2 nd Child - \$256.50		
3 rd Child - \$230.85		
Total Fees		June 15/17
Deposit (50%) paid with Registration		May 15/17
Balance Remaining		June 15/17
Application for Financial Assistance:	*Attach application	Yes _ No _
Payment Received	Cash/Cheque#	Date:



POKROVA
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Printed Name of Parent/Guardian

Date

Signature

(To be completed by Camp Registrar):

Payment Received:	
Decision on Assistance:	