

**CAMP PROMISE BARRIE: AFTER SCHOOL PROGRAM APPLICATION FORM**

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| PROGRAM NAME  **CAMP PROMISE BARRIE : AFTER SCHOOL PROGRAM** | | | Fall 2022- Spring 2023 | |
| Program Locations  **Thursday/Friday Barrie Free Methodist Church 284 Cundles Road East**  **Wednesday Westminster Presbyterian Church 170 Steel Street** | | Program Time  **3:30pm –5:30pm Wednesdays, Thursdays & Fridays** | | |
| StartDate **Wednesday September 14, 2022** | End Date: Friday  **May 19, 2023** | | | Cost **Free** |
| **Call Allison: 416 677 4274**  **for details for fall program school pickups and location drop offs** | | Contact Person    **Executive Director: Allison Jacobson 416 -677- 4274** | | |
| **PLEASE BRING HOME WORK AND ANY COMMUNICATION BOOK USED WITH CLASSROOM TEACHER** | | | | |

APPLICATIONS CANNOT BE ACCEPTED IF INCOMPLETE

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| **CHILD/YOUTHINFORMATION** | | | | |
| Last Name | First Name | | | M.I. |
| Date of Birth D M Y | Age | Gender MALE FEMALE | | |
| Health Card Number | | | | |
| Medical Conditions /Allergies/Disabilities | | | | |
| Special Needs (one to on support at school? (i.e.ADD/ADHD, ASDS etc) P PleaseIndicate if etcetcautautautisautism,othother )sties) | | | | |
| Name ofSchool | Grade | | Name of Teacher | |

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| **PARENT/GUARDIANINFORMATION** | | | | |
| Last Name | First Name | | | M.I. |
| Street Address | | | Apartment/Unit# | |
| City | Province | | PostalCode | |
| Home Phone ( ) | | E-mailAddress | | |
| Cell Phone ( ) | | Other phone ( ) | | |

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| **EMERGENCYCONTACT** | | | | |
| Last Name | | First Name | | M.I. |
| HomePhone ( ) | CellPhone ( ) | | Relationshipto child/youth | |

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| **ACKNOWLEDGEMENT** | |
| I hereby grant permission for my child to participate in all the activities of this program (which may include outings during program hours)and release Camp Promise and staff from any and all liability, claims, demands, personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever, which may be incurred by the child participant. Further I grant permission to Camp Promise staff to authorize medical personnel to carry out any emergency procedure on my child in the case that I or my emergency contact, cannot be reached at the time of the incident. In addition, I understand that photographs/video of my child taken during program may be used for promotional material. I have read and understood this waiver.  form | |
| Parent/GuardianSignature | Date |

**Email**: info@camppromisebarrie.com **Mailing Address**: 51 Copeman Cres. Barrie, ON L4N 8B4 **Cell phone for** Director: 416- 677- 4274

**Website: www.campromisebarrie.com**

**Registered Charity with the Canada Revenue Agency**

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