

2018 Summer Registration Form—Part A

CAMPER INFORMATION			
Child's name:		Birth date (MM/DD/YYYY):	Grade in September:
Gender (Please Circle): Female Male		Health Card #:	
PARENT 1—Primary Contact		PARENT 2—Secondary Contact	
Name:		Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Email:		Email:	
Primary Phone #:		Primary Phone #:	
Other phone #:		Other phone #:	
EMERGENCY CONTACT			
Name:		Primary Phone #:	
Relationship to child:		Other phone #:	
MEDICAL /ADDITIONAL INFORMATION			
Does your child have any medical conditions we should know about? No Yes (please specify)			
Please list any medications your child requires:			
Does your child have any allergies: No Yes (please specify)			
Does your child have any dietary concerns we should be aware of?			
Is there anything else that will help us know your child better?			

PLEASE INITIAL AND SIGN AT THE BOTTOM.

____ I hereby release Newbridge Academy and its agents and employees from any and all claims, demands, actions, and causes of action which I may have for any damages, loss or injury, suffered by my child, from the participating of such child in this program.

____ I hereby give my child permission to be photographed during camp activities by Newbridge Academy staff and hereby understand that such photographs become the property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to our children's program.

____ I hereby give my child permission to participate in all daily activities, including any and all day trips and/or outings that are part of the planned activities and included as part of the registration fee. I understand that my child will be transported to such off-site locations for such outings via Metro Transit or Coach Atlantic with Newbridge Academy Day Camp staff or the Newbridge Academy bus/van.

Signature: _____ Date: _____

2018 Registration Form—PART B

Please select your dates:

		MON	TUES	WED	THURS	FRI	HOCKEY
<input type="checkbox"/> *July 3-6	full week OR days: (circle)		TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> July 9-13	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> July 16-20	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> July 23-27	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> July 30 - Aug 3	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> *August 7-10	full week OR days: (circle)		TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> August 13-17	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> August 20-24	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>
<input type="checkbox"/> August 27-31	full week OR days: (circle)	MON	TUES	WED	THURS	FRI	<input type="checkbox"/>

* Indicates a short-week due to holiday. Siblings receive a 10% discount

Please calculate your total payment amount for the above registrations:

Total # of full weeks: _____ x \$185 = \$_____

Total # of separate days: _____ x \$45 = \$_____

Total # of Hockey weeks: _____
(complete hockey registration form)

Total Payment Amount: \$_____

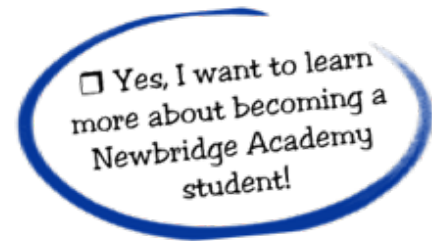
Please select your payment plan:

- Pay all fees now
- Pay deposit now (half the total) + remaining at start
- 3 equal payments (1/3 now, 1/3 June 1st, 1/3 July 1st)
**only applicable if booked for camp in August*

****Post-dated cheques or a credit card number are required if you are not paying the full amount up-front.**

Select your payment type:

- DEBIT
- CASH
- EMT
- CHEQUE(s)
- VISA/MC #: _____ Exp: _____



Please complete both sides of this form (Part A & B) and return to:

Newbridge Academy Administration Office at:
361 John Savage Ave, Dartmouth B3B
0J3

phone 902-252-3339 fax 902-252-3108
OR

Email to:

programs@newbridgeacademy.ca

FOR OFFICE USE ONLY:
