

# Summer Camp Registration 2022



Student (Camper's) Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Guardian's email \_\_\_\_\_ Relationship to camper \_\_\_\_\_

1st Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2nd Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child resides with: 1st Parent \_\_\_\_\_ 2nd Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Please list any other information you'd like to include about your camper:

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Siblings living in the same household that would like to attend camp: (Grades 1-8)

Sibling 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling 3 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please email entire package to [Info@AgoraPrep.com](mailto:Info@AgoraPrep.com)

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## Parent Authorization Form

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Please print all information clearly

Name of Camper: \_\_\_\_\_ Today's Date \_\_\_\_\_

**Agora Summer Camp** does not discriminate on the basis of race, color, sex, handicap, religion or national origin.

Agora Summer Camp reserves the right at its sole discretion to refuse an application or dismiss a child from camp.

No refund will be made of fees if the child has attended any portion of the camping period.

Parent/Guardian's Signature: I understand and accept these guidelines.

**Parent/Guardian's Signature:** \_\_\_\_\_

I give Agora Summer Camps permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Agora Summer Camp and can be used for promotional purposes without notification.

**Parent/Guardian's Signature:** \_\_\_\_\_

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

**Parent/Guardian's Signature:** \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

By signing below I agree to adhere to all the **Policies and Procedures\*** set for by Agora Summer Camp.

Parent/Guardian's Signature: \_\_\_\_\_

*\*Policies and Procedures will be emailed to families upon registering and after camp fees are paid.*

# Summer Camp Registration 2022



## Camper Medical Form

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**Please print all information clearly**

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program. Each Camper must fill out a separate form. Please fill out one of these forms for each sibling is applicable.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Pediatrician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Date of last physical \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Medical conditions \_\_\_\_\_

List of past medical treatments \_\_\_\_\_

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List all current medications regardless of whether it needs to be taken a camp or not:

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Will your child need to take any prescription medications while at camp? Yes/No

**If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.**

**Allergies:** (Please put N/A if your child does not have an allergy)

Food \_\_\_\_\_ Medication \_\_\_\_\_  
\_\_\_\_\_ Insect \_\_\_\_\_ Other \_\_\_\_\_

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Does your child require an Epi-pen? \_\_\_\_\_ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: \_\_\_\_\_

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## Agora Summer Camp Fees & Schedule

Welcome to our amazing camp! This form needs to be filled out as part of the Registration package for your camper or campers. We require all forms to be filled out by June 24<sup>th</sup>, 2022. Please note that we will still be accepting applications for summer camp after that date but it will always be on a first come, first serve basis. Please note that full-time campers and siblings will gain priority. Existing students will also have priority.

Camp will run from July 4<sup>th</sup> to August 26<sup>th</sup>, 2022 (8 weeks)

Please select one of the options below:

- **Full summer** = \$2,500.00 /camper (\$350/week = \$70/day = \$9.33/hour)
- **Weekly**= \$280 except August 2 – 5 (Civic Holiday Aug 1) = \$280

*\*There will be no further discounts. Please ensure that you submit payment with your completed registration package to ensure that a spot is booked for your camper.*

\*Payments for the **entire fee** to be made by e-transfer and emailed to: [Info@AgoraPrep.com](mailto:Info@AgoraPrep.com)

\*\*There will be **\$100** deposit upon booking which is non-refundable if cancelled and will be applied to camp fees.

\*\*\*There will be **no makeups for missed days or refunds of any sort.**

Please read the statement below and confirm understanding and agreement:

I, \_\_\_\_\_, guardian of \_\_\_\_\_ understand the terms and conditions of Agora Summer Camp fee schedule and agree to submit complete payment by e-transfer upon registering my child(ren).

Guardian's Name: \_\_\_\_\_

Guardian's Email: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Relationship to the camper(s): \_\_\_\_\_

Week 1: \$350 July 4-8	<input type="checkbox"/>	Week 2: \$350 July 11-15	<input type="checkbox"/>	Week 3: \$350 July 18-22	<input type="checkbox"/>	Week 4: \$350 July 25-29	<input type="checkbox"/>
Week 5: \$280 August 2-5	<input type="checkbox"/>	Week 6: \$350 August 8-12	<input type="checkbox"/>	Week 7: \$350 August 15-19	<input type="checkbox"/>	Week 8: \$350 August 22-26	<input type="checkbox"/>
<b>No. of children enrolled:</b>				<b>Total Cost for summer:</b>			

Please submit entire package via email to [Info@AgoraPrep.com](mailto:Info@AgoraPrep.com)

# Summer Camp Registration 2022



## Camper Questionnaire



Please reply to these questions to help us ensure you have an **AMAZING** time at **Agora Summer Camp!**



1	What is your favourite television show or movie?	
2	What is your favourite animal?	
3	What is your favourite part of school?	
4	What is your favourite sport?	
5	What is your favourite activity?	
6	What makes you happy?	
7	What do you want to be when you grow up?	
8	Who is your favourite person and why?	
9	What do you want to learn more about?	
10	What do you want to do at summer camp?	

**Thank you!**  
**See you SOON!**

Please email package to [Info@AgoraPrep.com](mailto:Info@AgoraPrep.com)