

ENDLESS ADVENTURE RIVER RATS DAY CAMPS

Registration Form

Hello! We're excited to welcome your young adventurer to our center.

Child's Information

- Full Name: _____
- Preferred Name/Nickname: _____
- Date of Birth: _____ (DD/MM/YYYY)
- Age: _____ years
- Gender: _____
- Anticipated Start Date: _____

Parent/Guardian Information

- Parent/Guardian 1 Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- Parent/Guardian 2 Full Name: _____ (if applicable)
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact (someone who can be reached and pick up your child if needed)

- Name: _____
- Relationship to Child: _____
- Phone Number: _____

Authorized Pick-Up Persons (people allowed to collect your child)

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Medical & Health Information

- Does your child have any allergies? Yes No If yes, please list them and describe the reaction:

- Does your child have any medical conditions or special health needs? Yes No If yes, please explain:

- Family Doctor's Name: _____
- Doctor's Phone Number: _____

Illness and Medication Policy Acknowledgment

I have read and understand the center's Illness and Medication Policy:

- We are unable to care for children who are not feeling well.
- If my child becomes unwell or has been exposed to a communicable disease, I will notify the center immediately.
- If my child starts feeling unwell during the day, they will be supervised in a quiet area and I (or my alternate) will be contacted right away to pick them up.
- In a medical or dental emergency, the center will contact the appropriate doctor/hospital and reach me as soon as possible.
- If medication is needed, I must complete a "Permission to Administer Medication" form each time. Medication must be current (not expired), in the original vial/bottle, and have no handwritten changes on the label.

Financial Commitments

I understand and agree to the following financial responsibilities for enrolling my child at Endless Adventure:.

- **Weekly program:** \$325 per week.
- **Payment Schedule:** Fees are due upon registration.
- **Payment Methods Accepted:** Credit/Debit Card Bank Transfer Website
- **Late Payment Policy:** A late fee of \$20 will apply after 4.45pm
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Agreement & Signature

I confirm that all information provided is accurate and complete. I have read and agree to the Illness and Medication Policy and the Financial Commitments outlined above. I understand that enrollment is not final until this form and any required fees are received and approved by the center.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____