



## Crestwood Valley Day Camp

411 Lawrence Avenue East, Toronto, Ontario M3C 1N9 • Tel (416) 444-9595 • Fax (416) 444-4178  
 www.crestwoodcamp.com      www.crestwoodkids.com

### CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Birthday: Month \_\_\_ Day \_\_\_ Year \_\_\_ Girl  Boy   
 Grade Completed Before Camp: \_\_\_\_\_ School: \_\_\_\_\_  
 OHIP Card #: \_\_\_\_\_   
 Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_  
 Language spoken at home: \_\_\_\_\_ Has the camper attended summer camp previously? \_\_\_\_\_  
 When did the camper attend camp? \_\_\_\_\_ Name of Camp: \_\_\_\_\_  
 Was this a happy experience? \_\_\_\_\_  
 Is the camper looking forward to camp next summer? \_\_\_\_\_  
 Please describe your camper using three adjectives: \_\_\_\_\_

### REGISTRATION

<u>Sessions</u>	<u>Full Day Programme</u>	<u>3/4 Day Programme</u>	<u>Morning Programme</u>
	2 1/2 - Gr. 6 Grads	2 1/2 - JK Grads	2 1/2 - 3 Years Old
<b><u>4 Weeks</u></b>			
• July 2-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• July 30-Aug 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>6 Weeks</u></b>			
• July 2-Aug 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• July 2-27 + Aug 13-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>8 Weeks</u></b>			
• July 2-Aug 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>2 Weeks</u></b>			
• July 30-Aug 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Aug 13-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>White Pine Overnight Option</u></b>	<b><u>Baseball Training Camp</u></b>		<b><u>Basketball Training Camp</u></b>
<input type="checkbox"/> July 16-18 (Gr. 1-2 Grads)	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> July 18-20 (Gr. 3-6 Grads)			
<input type="checkbox"/> Aug 8-10 (Gr. 1-6 Grads)			

Please Note: Programming has been arranged so that your camper can choose both Baseball and Basketball.



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**HEALTH INFORMATION**

Please list any allergies your camper has: \_\_\_\_\_  
Does your camper require an Epi-pen? \_\_\_\_\_  
Does your camper wear glasses? \_\_\_\_\_ Do they need to be worn at all times? \_\_\_\_\_  
Does your camper have any physical challenges? \_\_\_\_\_  
Any special needs? \_\_\_\_\_  
Does your camper have any serious fears? \_\_\_\_\_  
Has your camper ever had any psychiatric guidance? \_\_\_\_\_  
Is your camper likely to have toilet accidents? \_\_\_\_\_  
Does your camper have any activity restrictions? \_\_\_\_\_  
Any dietary restrictions? \_\_\_\_\_

**Each Camper will be required to submit a completed Health Form prior to the start of camp.  
Forms will be in the May Information Package.**

**SWIM INFORMATION**

Is camper afraid of water? YES  NO  Can Float? YES  NO  Does camper wear ear-plugs? YES  NO   
Can camper swim well? Please specify: \_\_\_\_\_  
Last Red Cross level attained: \_\_\_\_\_ Swim School: \_\_\_\_\_ Date of completion: \_\_\_\_\_  
Is camper currently attending swim lessons? YES  NO  Current Swim School: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**IS THERE ANY INFORMATION YOU FEEL MAY BE HELPFUL IN PLACING YOUR CAMPER?**  
Please Note: We cannot guarantee any requests and we reserve the right of final decision regarding group requests.