

Summer Camp - 2024 Registration

Child #1: Information

Full Name: _____

Birth Date: _____ Current Age: _____ Grade (*upcoming school year*): _____

Gender: _____ MCP Number (*in case of emergency*): _____

Allergies (*list all allergies, the severity and instructions on action taken if exposed*):

Other: Health concerns/ conditions, dietary restrictions, or accommodations we should be aware of:

Child #2: Information

Full Name: _____

Birth Date: _____ Current Age: _____ Grade (*upcoming school year*): _____

Gender: _____ MCP Number (*in case of emergency*): _____

Allergies (*list all allergies, the severity and instructions on action taken if exposed*):

Other: Health concerns/ conditions, dietary restrictions, or accommodations we should be aware of:

Child #3: Information

Full Name: _____

Birth Date: _____ Current Age: _____ Grade (*upcoming school year*): _____

Gender: _____ MCP Number (*in case of emergency*): _____

Allergies (*list all allergies, the severity and instructions on action taken if exposed*):

Other: Health concerns/ conditions, dietary restrictions, or accommodations we should be aware of:



(709) 884-2438
25 Toulinquet Rd.
PO Box 220
Twillingate, NL A0G 4M0
townoftwillingate.ca

Parent/Guardian #1: Information

Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian #2: Information

Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ Postal Code: _____

Additional Emergency Contact & Authorized Caregiver Pick-Up

Please list at least one emergency contact and anyone who has permission to pick your child(ren) up from camp.

Name: _____ Phone: _____ Relationship to child(ren) _____

Name: _____ Phone: _____ Relationship to child(ren) _____

Name: _____ Phone: _____ Relationship to child(ren) _____



(709) 884-2438
25 Toulinquet Rd.
PO Box 220
Twillingate, NL A0G 4M0
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Photo Release Form

I (*print name*) _____ the parent or legal guardian of
(*include all children's names*) _____

hereby authorize Twillingate Summer Camp to include my child(ren) in photographs and videos taken during camp activities.

I understand that these photos will be used solely for the purpose of future advertising for the Twillingate Summer Camp. I understand that these photos may be shared online by the Town of Twillingate and the Twillingate Recreation Committee in platforms such as the Town of Twillingate website, social media pages, and printed publication.

The undersigned hereby releases Twillingate Summer Camp and the Town of Twillingate, its agents or employees, as well as any and all users and exhibitors of said pictures, from any and all claims, demands, accountings, and causes for which the aforesaid photographs and videos be used pursuant to this Consent and General Release.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

.....
I (*print name*) _____ the parent or legal guardian of
(*include all children's names*) _____

DO NOT authorize Twillingate Summer Camp to include my child(ren) in photographs and videos taken during camp activities.

Signature: _____ Date: _____

Operating Dates and Costs

Please indicate which weeks you would like your child(ren) to attend camp by circling the cost in the table below. Once you have circled the correct numbers to reflect which weeks you would like your child(ren) to attend, and how many children you are enrolling for each week, please total the number at the bottom.

You may view the example chart below.

Example Chart

Camp Dates	One Child \$25/day	Two Children \$45/day	Three Children \$60/day	First name of child(ren) attending camp each week
Week 1: July 2 nd to 5 th (4 days, closed holiday Monday)	\$100	\$180	\$240	Jimmy
Week 2: July 8 th to 12 th	\$125	\$225	\$300	Jimmy and Sarah
Week 3: July 15 th to 19 th	\$125	\$225	\$300	
Week 4: July 22 nd to 26 th	\$125	\$225	\$300	Jimmy and Sarah
Week 5: July 29 th to August 2 nd	\$125	\$225	\$300	
Week 6: August 6 th to 9 th (4 days, closed holiday Monday)	\$100	\$180	\$240	Jimmy
Week 7: August 12 th to 16 th	\$125	\$225	\$300	Jimmy and Sarah
Week 8: August 19 th to 23 rd	\$125	\$225	\$300	
Total Cost: \$875				

Summer Camp Sign Up

Camp Dates	One Child \$25/day	Two Children \$45/day	Three Children \$60/day	First name of child(ren) attending camp each week
Week 1: July 2 nd to 5 th (4 days, closed holiday Monday)	\$100	\$180	\$240	
Week 2: July 8 th to 12 th	\$125	\$225	\$300	
Week 3: July 15 th to 19 th	\$125	\$225	\$300	
Week 4: July 22 nd to 26 th	\$125	\$225	\$300	
Week 5: July 29 th to August 2 nd	\$125	\$225	\$300	
Week 6: August 6 th to 9 th (4 days, closed holiday Monday)	\$100	\$180	\$240	
Week 7: August 12 th to 16 th	\$125	\$225	\$300	
Week 8: August 19 th to 23 rd	\$125	\$225	\$300	
Total Cost:				

General Information

Please note that there is a maximum number of registrations that can be accepted for camp. Registration will be a first come first serve basis, with a waitlist created for all registrations to come in once we have reached maximum capacity.

Once your registration form is submitted, staff will be in touch with you after they have had the opportunity to review your registration. As mentioned previously, registration acceptance is on a first come first serve basis.

Once you have received confirmation that your child(ren) has secured a spot for the dates you have requested, you must then pay the total fees in full.

Completed registration forms can be:

1. Dropped off to the Town of Twillingate office at the front desk.
2. Mailed to: Grant White 25 Toulinquet Road, Twillingate, NL A0G 2M0.
3. Emailed to Grant White at: grant.white@townoftwillingate.ca

For questions, please contact Grant White at 709-884-2438 or by emailing: grant.white@townoftwillingate.ca

We look forward to a fun filled summer!