



Summer Camp 2024

Please indicate with CHECKMARK

- Half/full day: July 2-5th: **Time Travellers**
- Half/full day: July 8-12th: **Super Heroes**
- Half/full day: July 15-19th: **All about the Nature**
- Half/full day: July 22-26th: **Jurassic World**
- Half/full day: July 29- August 2nd: **Space is the place**
- Half/full day: August 6-9th: **Fun & Fitness**
- Half/full day: August 12th-16th: **The mighty Jungle**
- Half/full day: August 19th-23rd: **Pirate Fever**

Child Information

Surname (Please print)	Child's Name	Child's Name	Child's Name	Child's Name
	Birthday: D/M/YR	Birthday: D/M/YR	Birthday: D/M/YR	Birthday: D/M/YR
Mailing Address (if different than Street Address)	City	Postal Code	Primary Phone	
Street Address (Main residence)	City	Postal Code	Home Phone	
Primary Contact	Relationship to Child(ren)	Work Number	Cell Number	
Secondary Contact	Relationship to Child(ren)	Work Number	Cell Number	
Personal Email address	Work Email address			

Provide the names of the other persons, if any, who have the authority to remove your child from the program.

Name	Relationship to Child
Name	Relationship to Child

WAIVER

By signature below, the Parent/Guardian agree to relieve and hold harmless Creative Explorers Learning Center and all owners, managers, employee, and any successors from any responsibility and against any and all actions, claims, liabilities, and costs as a result the service provided.

Signature of Parent or Guardian (a types name is your signature if submitted online)	Date
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MEDIA RELEASE

I understand and agree to abide by the operation rules as set by the Creative Explorers Learning Center. My signature allows Creative Explorers Learning Center to use photograph of my child named on this form in promotional videos, program brochures, posters and social media.

- YES NO

Signature of Parent or Guardian (a types name is your signature if submitted online)	Date
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