



A Ministry of London Gospel Temple

288 Commissioners Rd. West London, ON N6J 1Y3 Phone: (519) 685-1920 londongospeltemple.com

(Please complete separate form for each child.)

Child's Name: _____ Birth Date: _____

As of **Fall 2024**, my child will be enrolled in grade (circle one of the following): 1 2 3 4 5

Address: _____

Phone: _____ Health Card #: _____

Parent/Guardian: _____

Phone: (home) _____ (work) _____ (cell) _____

E-Mail Address: _____

Person to call if parent/guardian can't be reached: _____

Phone: (home) _____ (work) _____ (cell) _____

Address: _____

Allergies/Medical Concerns: _____

Behavioral/Social Concerns: _____

****Note:** We regret to inform that our camp is not equipped to serve participants with special needs.**

Swimming Ability: (please check ✓)

Beginner Intermediate Advanced

WEEKS DESIRED: (please check ✓)

****IMPORTANT:** To reserve a spot, this registration form must be accompanied by full payment.**

- Week #1 July 8-12
- Week #2 July 15-19
- Week #3 July 22-26

Grades: 1 to 5
 Time: 9:00 am - 4:30 pm
 Cost: **\$150/child/week**

Bring own lunch
 Snack provided daily

****PLEASE READ THE BELOW POLICIES CAREFULLY****

Medical Release: I agree that London Gospel Temple will not be held liable in the event of physical injury, no matter how serious. If at any time medical treatment is required due to circumstances such as an accident, sudden illness or emergency, I authorize that this may be given, including necessary anesthetic, by a private physician or hospital. I also consent to emergency transportation, if necessary.

Field Trip Consent: I give permission for my child to be taken on any day camp related activities within walking distance or chartered transportation, during the week(s) that my child is enrolled at London Gospel Temple.

Payment Policy: **Registration forms must be accompanied by full payment in order to reserve a spot in the week(s) requested.** We accept cash, debit, credit, e-transfer or cheque made payable to London Gospel Temple. Refund requests must be made 7 days prior to day camp unless there is a medical reason. Receipts will be issued at the end of camp upon request, but please note that they cannot be used as a tax deduction as our day camp is not a registered school.

To pay by e-transfer please use the email give@Lgt.org. In the e-transfer comment section please type "Day camp payment" and the child's name.

Late Pick-Up Fee Policy: Campers must be picked up on time each day. Regular hours run from 9:00am to 4:30pm. **A \$10.00 late fee per incident of late pick-up will apply.**

Behaviour Policy: Inappropriate behaviour from a camper can affect our ability to provide a safe, fun-filled environment for the other youth attending camp. **We reserve the right to suspend a camper who consistently refuses to meet acceptable standards of behaviours at no refund.**

If you have any questions or concerns, please call 519-685-1920.

I have carefully read and fully understand the above policies and agree to comply.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

*Check boxes as payment is received for each week

<i>CHILD'S NAME</i>	Regular Hours (\$150.00)
Week #1	
Week #2	
Week #3	

_____ (# of weeks) X _____ (\$ rate) = _____

Paid by: cash cheque (*payable to LGT) credit card

Card # _____ Exp. _____

X _____
Signature authorizing charge to credit card

Pymt rec'd by/charge to credit card completed by _____ Date _____
INIT