



Subsidy Camp Registration Form

Parent Guardian Contact Information

Name of Parent/Guardian:	
Birthdate: (MM/DD/YY)	
Mailing Address:	
Postal Code:	
Email:	
Home/Cell Phone:	
Work Phone:	

Participant Information

Name of Participant:	
Birthdate: (MM/DD/YY)	
Pronouns:	

Camp Name	Dates	Camp Code	Extended Care	Total Cost
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
			a.m. p.m.	
Total Cost:				

Campers with Disabilities

Does this camper have an identified disability and/or additional need that requires 1:1 staff support to participate in camp? Yes No

If the camper requires 1:1 support, the Recreation Programmer - Inclusion & Support Services will reach out with further intake.

Method of Payment			
Cash:		Cheque:	
Money on Account:		Mastercard:	
Visa:		American Express:	
Card #		Expiry Date:	
Card Holder Name:		Signature:	
CVC:			
Amount to be charged:			
Office Use			
Cash/Cheque Amount:		Process Date:	
Clerk:			

Options to Submit your Registration Form:

- Email your completed form to **subsidy@newmarket.ca**
- Drop Off Completed Forms to the Customer Service Counter at 395 Mulock Drive