



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.	

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.



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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

