

Canadian Museum of Immigration at Pier 21

Day Camp Registration Form

PLEASE PRINT CLEARLY

Forms are confidential and are for Canadian Museum of Immigration use only. Return completed forms to:
Education Manager
Pier 21 Society, 1055 Marginal Rd., Halifax, NS
B3H 4P6 Fax: 423-4045 education@pier21.ca

Office Use Only

OPOS #: _____
 Confirmation Letter Date: _____
 FAQ Date: _____
 Receipt Date: _____

Participant Information

First Name		Last Name	
Sex	Language	Date of Birth	
M <input type="checkbox"/> F <input type="checkbox"/>	E <input type="checkbox"/> F <input type="checkbox"/>		
Health Concerns/ Special Needs			

Program Information

Program Dates					
Program Selection	Mon	Tues	Wed	Thur	Fri
Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Drop Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Pick Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Release and Emergency Information

Contact Custodial Parent or Guardian	Second Custodial Parent or Guardian (if applicable)
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Email:	Email:
Address:	Address:

Please attach additional custodial parent/guardian information on a separate sheet if required.

Person(s) Authorized To Pick Up Participants

Password (optional): _____

(A Password option is included for extra security. If listed, the password will be required in order to release children into your custody at the end of the day. Please be sure to use a password you will remember.)

Emergency Contact (if parent(s)/guardian(s) cannot be reached)

Name	Daytime Phone Number

Promotional Information

How did you first hear about our programs?

<input type="checkbox"/> Other Participants/ Parents	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV	<input type="checkbox"/> Child's School
<input type="checkbox"/> Our Children Magazine	<input type="checkbox"/> Internet	<input type="checkbox"/> Radio	<input type="checkbox"/> Other: _____

Consent Statement

I agree that as a parent/guardian of a child/children who is/are participating in programs at the Pier 21 Museum, my child/children will participate in activities on the grounds of the Pier 21 Museum. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that the Pier 21 Society, its employees, board members and volunteers, will not be liable for any injury to my child/children or any loss/damage to my child's/children's personal property arising from, or in any way resulting from, my child's/children's participation in these activities. I have provided the Pier 21 Society with all the necessary medical information and can be reached at the number(s) listed. I authorize the program staff/volunteers to administer first aid to my child/children if necessary and to secure medical care for my child/children in case of an emergency as deemed appropriate by a physician(s).

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Optional Media Consent

During programming, activities or projects with the Pier 21 Society, children may be photographed, recorded or asked to contribute artwork or stories. Your consent is required for your child's first name, photograph, videos or sound recordings and/or artwork to be published or displayed as part of the Pier 21 Society's promotional or exhibit materials, including, but not limited to: flyers, brochures, posters, newsletters, web site, exhibit displays etc. The full names and/or other contact information of minors will not be included in any publications or released in any way to third parties. First names are used only to give credit to artwork or stories.

I hereby certify that I am the parent or guardian of a minor who wishes to participate in a Pier 21 Society program or project. I do irrevocably grant to the Pier 21 Society, all rights and copyright of any kind without any additional compensation and waive any moral rights with respect to the above. I hereby release the Pier 21 Society from any and all legal claims and I understand that this release is irrevocable by me so that the Pier 21 Society may proceed in full reliance thereon. It is understood and agreed that materials donated shall be the property of the Pier 21 Society.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Payment Information

Fee Schedule:

Program	Fee Per Program
Full Day	\$40.00 + tax
Full Week	\$190.00 + tax
For Pier Pass Holders/Staff/Volunteers	Deduct %15 from total prior to extra supervision amounts
Extra Supervision (Early Drop Off and/or Late Pick Up)	\$10 + tax Per Day

Pier Pass # (If Applicable): _____

Method of Payment:

Cheque (Made Payable to Canadian Museum of Immigration at Pier 21)

Cash or Debit (In person – please do not include cash with registration forms)

Credit Card VISA MC AMEX

Credit Card #: _____ Expiry Date: _____

Amount to be Charged: \$ _____ Cardholder Name (Please Print): _____

Signature: _____ Date: _____