

**Eramosa Camp Registration Form**  
**Monday, July 7<sup>th</sup> to Friday July 11<sup>th</sup>, 9 am to 4pm**

**1<sup>st</sup> Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

Special needs (Allergies, behavioural issues, ADHD, autism, medical conditions, anything else that we should know to help your camper)

Friends that camper would like to be grouped with if possible: \_\_\_\_\_

OHIP # \_\_\_\_\_

**2<sup>nd</sup> Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

Special needs (Allergies, behavioural issues, ADHD, autism, medical conditions, anything else that we should know to help your camper)

Friends that camper would like to be grouped with if possible: \_\_\_\_\_

OHIP # \_\_\_\_\_

**3<sup>rd</sup> Child's name** \_\_\_\_\_ **Age** \_\_\_\_\_

Friends that camper would like to be grouped with if possible: \_\_\_\_\_

Special needs (Allergies, behavioural issues, ADHD, autism, medical conditions, anything else that we should know to help your camper)

OHIP # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Postal code \_\_\_\_\_

Home email address \_\_\_\_\_

Name of person picking up child \_\_\_\_\_

In case of emergency contact:

Mother \_\_\_\_\_ Cell # \_\_\_\_\_

Father \_\_\_\_\_ Cell # \_\_\_\_\_

Other \_\_\_\_\_ Cell # \_\_\_\_\_

**Payment: \$80.00/child, \$160.00/family maximum.**

For children entering grades JK to 7 in September 2025

I give permission for photographs of my child to be used in promotional material and shared with others. I permit the staff and volunteers to provide on-site medical care and to request an ambulance and hospital emergency care if deemed necessary by staff and volunteers of Eramosa Pastoral Charge. I agree to not hold staff and volunteers of Eramosa Pastoral Charge liable for accidents or misfortune that may occur to the child knowing that every precaution shall be taken to ensure childrens' welfare and safety.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail form and e transfer (preferred) to: [eramosapc@gmail.com](mailto:eramosapc@gmail.com).

E transfer password should be: **Eramosavbs2025**

Make cheques payable to Eramosa Pastoral Charge and mail to:  
Eramosa Pastoral Charge, 5702 Wellington Rd 29 Rockwood, ON, N0B 2K0