



The Parish of Saint Christopher

1171 Clarkson Road North, Mississauga, ON L5J 2W1 905-822-1171 Fax: 905-822-1311

Web site: www.stchristophersmi.archtoronto.org

Email: stchristophersmi@archtoronto.org

MARCH BREAK CAMP Participation Form

Monday March 16th – Friday March 20th, 2026

Registration will be **on Wed. Feb. 11th & Thurs. Feb. 12th in the church vestibule. Please note that registration will be processed on a first-come, first-served basis.**

Cash & Cheques are the only forms of payment accepted. Please write cheques to St. Christopher's Parish. Please get in touch with Levy Anne Ramos **at** lramos@archtoronto.org for any questions you may have.

OFFICE USE ONLY

Amount Paid _____

Ck/Cash _____

Registration Number _____

Date of Registration _____

The camp registration is \$100.00 per camper. The camp registration fee is a non-refundable registration fee that covers all camp materials.

PARTICIPANT'S INFORMATION

NAME:	
GENDER:	AGE:
BIRTHDAY:	GRADE:
SCHOOL:	

PARENT/GUARDIAN'S INFORMATION

NAME:	
RELATION TO VOLUNTEER:	
PRIMARY PHONE NUMBER:	EMAIL ADDRESS:
EMERGENCY CONTACT:	
RELATION TO VOLUNTEER:	PHONE NUMBER:

MEDICAL INFORMATION

ALLERGIES:
ARE THERE ANY MEDICAL NEEDS (MENTAL, PHYSICAL, DEVELOPMENTAL) WE SHOULD BE AWARE OF?

PLEASE TURN PAGE OVER.

PERMISSION AND WAIVER

I grant permission for my child to be photographed and/or videotaped during March Break Camp activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO _____

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used to promote March Break Camp at St. Christopher Parish.

Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO _____

I understand that ensuring my child brings lunch is my responsibility. Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO _____

I understand that transportation to and from St. Christopher is my responsibility. I grant permission for another parent or camp volunteer to drive my child. Please put the parent/guardian's initials (checkmarks are not accepted)

YES, _____ NO _____

MEDICATION PERMISSION FORM

By initiating below, I give permission to St. Christopher Parish for VACATION BIBLE SCHOOL personnel to administer the following medication(s) as needed to my child for minor discomfort or injury. Please state how many tablets we can administer to your child.

_____ Acetaminophen (Tylenol) _____ tablets.

_____ Ibuprofen (Advil or Motrin) _____ tablets.

_____ Topical Medication (antibiotic ointment, calamine lotion)

The person named above is permitted to participate in the activities planned at:

St. Christopher Parish for March Break Camp.

I/We understand that reasonable precautions will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of an emergency. In any sickness or accident, the person(s) will not hold St. Christopher Parish, the Archdiocese of Toronto, or any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agree that any medical, dental, or hospital expenses incurred shall be at their own risk. The undersigned understands every effort will be made to notify the emergency contact if treatment is necessary.

Parent/Guardian's name

Parent/Guardian's Signature

Date

FOR ANY QUESTIONS OR CONCERNS, PLEASE CONTACT LEVY ANNE REVITA AT LRAMOS@ARCHTORONTO.ORG