



CITY OF WELLAND
Recreation, Sport & Culture Division
145 Lincoln Street, Welland, ON L3B 6E1
Phone: 905-735-1700 EXT 4000
Fax: 905-732-6187
registration@welland.ca

2026 SUMMER DAY CAMP REGISTRATION FORM / AGREEMENT

PARTICIPANT INFORMATION

Note: Proof of birthdate and address will be required; those who do not provide proof require will not be registered

Last Name:	First Name:	
Date of birth:	Age of Camper on 1st day of Camp:	
☐ MUNCHKIN {4-5yrs}	☐ SUMMER FUN FACTORY {6-8yrs}	☐ KOOL KIDS {9-12YRS}
Current address:	City/Town:	
Postal Code:	Email Address:	
Parent/Guardian Full Name:		

EMERGENCY CONTACT INFORMATION

Name:	
Relationship:	Contact Number:

PICK UP INFORMATION

Please print the names of all individuals who can pick up participant:

CAMP DATES

DATES:	TOTAL AMOUNT OWING	CHEQUE No: If applicable
☐ July 6 - July 10		
☐ July 13 - July 17		
☐ July 20- July 24		
☐ July 27 - July 31		
☐ August 4 - August 7 **4 day week		
☐ August 10 - August 14		
☐ August 17 - August 21		
☐ August 24 - August 28		
☐ August 31 - September 4		

FEE/CHILD PER WEEK WITHDRAWAL CAMP WITHDRAWAL POLICY:

Transferring days will not be permitted. Withdrawal requests made must be submitted via Camp Withdrawal Request Form. These can be obtained in person or Online. **More than 30 days before the start of the registered camp week:** Full refund for that week, minus a non-refundable \$10.00 administrative fee per week. **Between 15 and 30 days before the start of the registered camp week:** Full refund for that week, minus a non-refundable \$78.00 administrative fee per week. **Less than 15 days before the start of the registered camp week:** No refund will be issued for that week.

PAYMENT OPTIONS

(initial's)

The first three weeks of registration MUST be paid in FULL

On-Line registration: (Closes June 1, 2026) - Credit card payment only. Must save credit card information on-line

In Person Registration: Post-dated cheques payable to: "City of Welland" for the full amount must be paid at registration time. Cash, Debit and Credit Card payments will be accepted. In-person registration location: 145 Lincoln St., Welland Community Centre.

Total Fee:	Scheduled Payment	Date:
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MUST BE COMPLETED:

Medications:

Strengths and Abilities:

Area that child requires support or assistance:

Activities he/she enjoys most:

***Note: Funding is not available for 1-1 support, parents are required to provide the Support Worker.**

YES NO

Will your child be supported with Community Living or another support person? Details required:

YES NO

Does your child have a diagnosis of a disability? If yes, please describe:

YES NO

Does your child need to have any equipment that he/she needs at camp (e.g. Wheelchair, stroller, headphones, etc.)? If yes, please describe:

YES NO

Does your child need any type of assistance with his/her communication?
If yes, please describe:

YES NO

Does your child have glasses or a hearing aid? If yes, please describe:

YES NO

Is there anything additional we need to put in place to ensure your child's safety at camp (e.g. wandering, water/pool safety)? If yes, please describe:

YES NO

Are there any challenges that your child faces interacting with other children/persons (e.g. routines, turn-taking, crowds)? If yes, please describe:

YES NO

Is there a situation where your child's behaviour be a concern? How do you as a parent/guardian handle any such concern?)? If yes, please describe:

YES NO

Is there any additional information that you fee may be relevant while your child is at camp?

SIGNATURES

I have read and acknowledge the terms outlined in this agreement. I declare that all information, contained herein, is accurate.

Parent/Guardian Signature: