

ST. JOSEPHINE BAKHITA PATHWAYS CAMP 2026

AT JOSEPHINE BAKHITA CATHOLIC ELEMENTARY SCHOOL

CAMPER'S NAME & GRADE AS OF SEPTEMBER 2026:

GENDER:

D.O.B. (MM/DD/YYYY)

MAILING ADDRESS:

PHYSICAL LIMITATIONS/MEDICAL CONDITIONS/ALLERGIES:

HEALTH CARD # (optional):

FRIENDS/SPECIAL REQUESTS:

HOW DID YOU HEAR ABOUT US?

SESSION (PLEASE CHECK ANY/ALL CAMP SESSIONS YOU WISH TO ATTEND)

Sessions will run from 8:30 AM – 4:00 PM

\$325 Per Week-- <https://Hcdsb.schoolcashonline.com/Fee/Details/110254/6/False/True>

July 6 -10: Session 1 Confirmation # _____

July 13 – 17: Session 2

Email registration forms to: careerexplorationhalton@gmail.com

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION

NAME:

EMAIL:

HOME PHONE:

MOBILE:

EMERGENCY CONTACT NAME:

RELATIONSHIP TO CAMPER:

EMERGENCY CONTACT NUMBER:

All campers must be signed out by an authorized adult prior to their dismissal from camp. You can give your child permission to sign herself/himself out by checking the circle below or to be picked up by another adult:

Yes, I grant my child the authority to sign herself/himself out or be picked up by another adult.

I, the undersigned, understand that ST. JOSEPHINE BAKHITA Catholic Elementary School, ST. JOSEPHINE BAKHITA camp staff/volunteers, and the Halton Catholic District School Board does not assume or accept responsibility for any expenses resulting from loss (personal injury, lost or stolen property, property damage, other expenses) or injuries sustained while engaged in any activity whatsoever whether on or off school premises. I also authorize my child's attendance at the ST. JOSEPHINE BAKHITA sport camp and certify that he/she can participate in the program activities. I declare having read and understood the above WAIVER/INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing. If I am registering a minor, I certify that I am the parent/guardian of that minor, and agree to the above on their behalf, and I grant permission for use of any photos of my child to appear in future camp brochures or other advertising. Please return this form with payment to the ST. JOSEPHINE BAKHITA Main Office.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

St. Josephine Bakhita Pathways Camp

Pick-up – Medical/Emergency Contact – Media Release Form

Camper's Name: _____

Authorized Persons for Student Pick-up			
	Name	Relationship	Phonenumber
1			
2			
3			
Medical Information			
A	Allergies		
B	Medications		
	EmergencyContact	Relationship	Phone Number
1			
2			
Student Photo and Video Consent – Media release			
Yes	No	I/We understand that during camp, students maybe involved in a wide variety of activities that may involve photo and/or video recording for the purpose of promoting the school and camp, the Halton Catholic District School Board, and/or Catholic education. This is to confirm that I/We consent to the display, publication, and/or sharing of my child's name and/or school-related photos/videos of my child in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board for the 2026/2027 school year.	
Yes	No	This is to confirm that I/We consent to the filing of these photos/videos (print or electronic) in a resource library for possible use in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board for the 2026/2027 schoolyear.	
Parent/Guardian Printed Name			
Parent/Guardian Signature			
Date			

I _____, authorize the above information to be true and accurate at the time of signing.

Parent/ Guardian Signature: _____ Date: _____