



2025 SUMMER CAMP REQUEST FORM

Please note that submitting this form is only a request and **does not guarantee a spot** in the summer camp. If space is available, you will receive registration confirmation. **The completed form must be returned to camps@nsnh.bc.ca.**

Week 1. July 1 – July 4 "PERFORMING ARTS WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
	July 1 CLOSED	July 2 <input type="checkbox"/>	July 3 <input type="checkbox"/>	July 4 <input type="checkbox"/>

Child's name _____ Registered at NSNH location: - N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent (s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

PAYMENT:

Payment information will be emailed to you with your registration confirmation **if your registration is confirmed**. **Cancellation Policy:** Cancellations for the **July Summer Camp dates are accepted until June 9**, and cancellations for the **August Summer Camp dates are accepted until July 2**. **NO REFUNDS and NO CHANGES after these dates.**

I have read and understand the above conditions.

Signature: _____ Date: _____



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Week 2. July 7 – July 11 "SPLASH WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
July 7 <input type="checkbox"/>	July 8 <input type="checkbox"/>	July 9 <input type="checkbox"/>	July 10 <input type="checkbox"/>	July 11 <input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent(s)/Guardian(s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

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Week 3. July 14 – July 18 "SENSORY MADNESS WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
July 14 <input type="checkbox"/>	July 15 <input type="checkbox"/>	July 16 <input type="checkbox"/>	July 17 <input type="checkbox"/>	July 18 <input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent (s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

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Week 4. July 21 – July 25 "HOW IT'S MADE WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
July 21 <input type="checkbox"/>	July 22 <input type="checkbox"/>	July 23 <input type="checkbox"/>	July 24 <input type="checkbox"/>	July 25 <input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent (s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

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Week 5. July 28 – August 1 "THEME WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
July 28	July 29	July 30	July 31	August 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent(s)/Guardian(s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

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Week 6. August 4 – August 8 "CHALLENGE WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
August 4 CLOSED	August 5 <input type="checkbox"/>	August 6 <input type="checkbox"/>	August 7 <input type="checkbox"/>	August 8 <input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent (s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

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Week 7. August 11 – August 15 "TIE DYE WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
August 11 <input type="checkbox"/>	August 12 <input type="checkbox"/>	August 13 <input type="checkbox"/>	August 14 <input type="checkbox"/>	August 15 <input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent (s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

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Week 8. August 18 – August 22 "ROLLER SPORTSWEEK"

(Please see the attached activity calendar)

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Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
August 18	August 19	August 20	August 21	August 22
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's name _____ Registered at NSNH location: _____ N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent (s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

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Week 9. August 25 – August 28 "NATURE WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM

Choose location:

Lynn Valley ☐ Westview ☐ Queen Mary ☐

Time slot: 8:30 am – 4:30 pm

Monday	Tuesday	Wednesday	Thursday	Friday
August 25	August 26	August 27	August 28	August 29
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLOSED

Child's name _____ Registered at NSNH location: N/A

Birth Date _____ Grade as of Jun 30th, 2025: _____

Name of Parent(s)/Guardian (s) _____

Address _____

City _____ Allergies/Medical Condition: Yes ☐ No ☐

Telephone and Cell _____ Specify: _____

Alternate Emergency Contacts

Name _____ Tel. # _____ Medical Plan No. _____

Name _____ Tel. # _____ Family Doctor _____

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