



110 North Street  
Goderich, ON N7A 2T8  
P. 519-524-2686  
[www.huroncountymuseum.ca](http://www.huroncountymuseum.ca)

## **PA Day Camps at the Museum – 2025/26**

For children ages 5-10. Registration per day is \$40.00 (or \$35.00 for Museum members). Each day starts at the Huron County Museum (110 North St., Goderich) at 9 a.m. Drop off available from 8:30. Pick up times are between 4:00 p.m. and 4:30 p.m. at the museum. Activities may happen offsite, including at the Huron Historic Gaol (181 Victoria St. N) and/or Victoria Park (80 Victoria St N).

**SELECT OR CIRCLE which week(s) & indicate number of children attending**

- ☐ **Oct. 10: Art Adventures**
- ☐ **Nov. 21: Wild Things**
- ☐ **Jan. 30: Dream Builders**
- ☐ **April 24: Pirates & Shipwreck**
- ☐ **June 5: Dino Dig**

**Participant 1:** \_\_\_\_\_ Age: \_\_

Dietary Restrictions & Medical information (ie allergies, accessibility needs):

\_\_\_\_\_

**Participant 2:** \_\_\_\_\_ Age: \_\_

Dietary Restrictions & Medical information (ie allergies, accessibility needs):

\_\_\_\_\_

**Participant 3:** \_\_\_\_\_ Age: \_\_

Dietary Restrictions & Medical information (ie allergies, accessibility needs):

\_\_\_\_\_

### **Primary Parent or Guardian's**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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Email Address: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Emergency phone # for alternate contact: \_\_\_\_\_

Will the child(ren) be dropped off and pick up by you? YES ☐ NO ☐

If NO, who will be picking up your child(ren)? \_\_\_\_\_

I consent that my child be photographed while participating in the Huron County Museum's 2025-26 Day camp. I further authorize that the photograph(s) may be published for various purposes and in a variety of forms, including, but not limited to, social media, website, or print publications for promoting the program.

YES ☐ or NO ☐

I have provided the Huron County Museum with all necessary medical information. I hereby authorize the operators of this program to secure medical care for my child in case of emergency.

I understand that the County of Huron will take all reasonable steps to provide care and safety for each child and acknowledge that the County of Huron, its officers, employees, agents and volunteers shall not be responsible for any injury, loss, damage or harm to any child and/or his/her property during the course of any activity which is part of the above program, including travelling to and from its facilities.

I understand that I may be required to pick up my child earlier than expected if the program leader determines that my child is acting in a manner that is disruptive to other participants.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

*Notice of Collection: Personal Information is collected under the Municipal Act, 2001 and may be subject to the Municipal Freedom of Information and Protection of Privacy Act, 1990 and will be used for the purposes of communications and marketing. Questions about this collection should be directed to the County Clerk, 1 Court House Square, Goderich, Ontario N7A 1M2. Telephone (519) 524-8394*

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**STAFF USE**

Date Registered: \_\_\_\_\_

Registered by: \_\_\_\_\_

# of Participants \_\_\_\_\_ # of weeks: \_\_\_\_\_ Members YES or NO Total Cost: \_\_\_\_\_

Payment Received in full?: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Date Paid \_\_\_\_\_