



Summer Camp Registration Form 2017

✓ Please indicate which sessions you would like to sign up for, see Location maps and address on flyer

Sessions	Early Bird Fees (If Received Before May 19 th , 2017) \$10 OFF	Fees per Session (If Received After May 19 th , 2017)	Beynon Fields	Silver Stream	Blue Willow	Woodland	Before & After Care (Y/N)	Fee For (Before & After Care)	Total
Session 1 July 4-7 (4-day week)	\$174.00	\$184.00						\$48.00	
Session 2 July 10-14	\$220.00	\$230.00						\$60.00	
Session 3 July 17-21	\$220.00	\$230.00						\$60.00	
Session 4 July 24-28	\$220.00	\$230.00						\$60.00	
Session 5 July 31-Aug 4	\$220.00	\$230.00						\$60.00	
Session 6 Aug 8-11 (4-day week)	\$174.00	\$184.00						\$48.00	
Session 7 Aug 14-18	\$220.00	\$230.00						\$60.00	
Session 8 Aug 21-25	\$220.00	\$230.00						\$60.00	

\$ 25.00 Registration Fee after May 19th (Fee is nonrefundable)	
*Subsidized Daily Fee (If Applicable) \$ _____ X _____ #Days	\$
Sibling Discount \$10.00 Off Additional child/session # _____ of sessions x 10.00	\$
Total Fees Payable	\$

* All subsidized families must include a letter confirming eligibility from York Region or standard camp fees apply *
 All Payments must be paid by Cheque and made payable to: "Le Club Child Care." Please send completed registration form and payment to 300 John St, Suite # 302 Thornhill, ON L3T 5W4

Informed consent agreement:

- Programs based strictly on enrolment.
- In case of emergency, and I am/we are not accessible, I grant permission for the treatment of my child by a physician selected by the staff. I grant permission for my child to participate in ALL Le Club activities and for any supervised off-site trips. I will notify the Le Club of any changes to my file, in writing.
- I hereby consent to the collection, use and disclosure of my child's information by Le Club for the purpose of providing child care services to my child enrolled in the program. I understand that Le Club protects the privacy of all personal information in its possession in compliance with prevailing privacy legislations.
- To waive the early bird \$25.00 registration fee, and be eligible for the \$10.00 off per session, all payments must be made in full by cheque, dated on or before May 19, 2017, and discount applied are for children enrolled for full weeks' sessions only. (Full Fee paying clients only).
- I hereby give consent to Le Club Child Care Program to take photographs of my child which may be used in future publications, including e-mail distribution specifically associated with Le Club.
- I understand that the Rules and Regulations of Le Club Summer Camp are designed for the safety and protection of participants and hereby acknowledge that my child will abide by Le Club's established Rules and Regulations.
- I agree that Le Club and its staff shall not be liable for any injury to my child or loss or damage to my child's personal property unless such injury or loss is caused by SOLE NEGLIGENCE of Le Club and its staff, while acting within the scope of their duties.
- I understand and agree with Le Club's Summer Camp Refund Policy. Refunds are subjected to \$50 per week administration fee. I understand that I will be eligible for Camp fees (less the \$50/week administration fee) provided that 30 days' written notice be given prior to session starts. Refunds will not be issued for cancellations with less than 30 days' notice. I may switch weeks without financial penalty as long as space is available.
- Enrolment is based on first-come first serve basis. You will be contacted if we are unable to accommodate your program request.

Print Child's Name _____ **Print Parent Name** _____

Parent Signature _____ **Date** _____



Le Club Child Care Program

CHILDREN COME FIRST

www.le-club.ca

SUMMER CAMP REGISTRATION FORM 2017

Personal Information

Child's Full Name: _____ Date of Birth: _____

Address (Including Postal Code) _____

Home #: _____

Qualified for Fee Assistance

Mother/Guardian

Father/Guardian

Full Name _____

Full Name _____

(✓) If Address is same as above

(✓) If Address is same as above

Address (Including Postal Code) _____

Address (Including Postal Code) _____

Employer Name _____

Employer Name _____

Address (Including Postal Code) _____

Address (Including Postal Code) _____

Business # _____

Business # _____

Cell # _____

Cell # _____

Email _____

Email _____

Emergency Contact (other than Parents):

Name: _____ Relationship to Child: _____

Address (Including Postal Code) _____

Home Tel: _____ Work Tel: _____

Authorization to Pick-up

Name: _____ Home #: _____ Work#: _____

Name: _____ Home #: _____ Work#: _____

Allergies or Food Restrictions (Please See Health Form)

Parent Signature _____ Date _____



Summer Camp Health History Form

Child's Name _____ Family Name _____

Date of Birth _____ Age _____ Sex _____

Family Doctor _____ Doctor's Phone # _____

Doctor Address _____

A copy of the immunization record is required for children who have not yet been enrolled in Junior Kindergarten ONLY

Does your child have:

1) A condition or behaviour that would require special attention, medication or a special diet? _____

2) Allergies (food, medication, etc.)?

Please specify symptoms of allergic reaction and any special care needed

3) Any dietary restrictions?

Please list any communicable diseases your child may have or has had in the past. For example: measles, chicken pox, Hepatitis A, Fifth Disease

Parent/Guardian's Signature _____

Date: _____