

Christopher Robin's Playhouse & Childcare Centre

Summer Camp 2018 Weekly & Monthly Registration Form

(One form per child, payment for siblings can be combined)



First name of child: _____

Last name of child: _____

Birthdate: DAY/MONTH/YEAR _____

Age: AS OF JULY 1ST _____

Last grade completed 2017/2018: _____

T-Shirt Size (circle) **XS** (4-6) **S** (6) **M** (7-8) **L** (10-12) **XL** (14-16)

Shoe Size: _____

Rash Guard Size (circle) **S** (4-6) **M** (6-8) **L** (8-10) **L** (10-12) **XS** (14-16)

Last swim level completed: _____

Name of parent/guardian(s) registering child: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Date:	Name of Camp:	Camp Only:	Early AM:	Before Care:	After Care:	Total Cost:
July 9 th - 13 th	Pioneer Pursuits	<input type="checkbox"/> \$250	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	\$
July 16 th - 20 th	Splash n' Dash	<input type="checkbox"/> \$250	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	\$
July 23 rd - 27 th	Animal Kingdom	<input type="checkbox"/> \$250	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	\$
July 30 th - Aug 3 rd	Imaginarium	<input type="checkbox"/> \$250	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	\$
Entire Month from July 9 th - July 31 st		<input type="checkbox"/> \$850	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	\$
Subtotal for July						\$
Sibling Discount -10% for 2 nd , 3 rd or 4 th children registered in the same week/month						-\$
T-shirt (must be worn during all off-site activities) \$10 each x _____ =						\$
UV Rash Guard Swim Shirt (must be worn during all weekly & Wednesday swimming activities) \$25 each x _____ =						\$
Non-Refundable deposit for July (\$25/camp)						-\$ 25 x _____ = _____
Subsidy Amount (please provide a copy of proof)						-\$
July Balance Due (post-dated cheque for June 20 th)						\$

Date:	Name of Camp:	Camp Only:	Early AM:	Before Care:	After Care:	Total Cost:
Aug 7 th - 10 th	Daring Discoveries	<input type="checkbox"/> \$225	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	\$
Aug 13 th - 17 th	Outdoor Adventures	<input type="checkbox"/> \$250	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	\$
Aug 20 th - 24 th	Amazing Amusements	<input type="checkbox"/> \$250	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	\$
Entire Month from August 1 st - August 24 th		<input type="checkbox"/> \$850	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	\$
Subtotal for August						\$
Sibling Discount -10% for 2 nd , 3 rd or 4 th children registered in the same week/month						-\$
T-shirt (must be worn during all off-site activities) \$10 each x _____ =						\$
UV Rash Guard Swim Shirt (must be worn during all weekly & Wednesday swimming activities) \$25 each x _____ =						\$
INITIAL Non-Refundable deposit for August (\$25/camp)						-\$ 25 x _____ = _____
Subsidy Amount (please provide a copy of proof)						-\$
August Balance Due (post-dated cheque for July 20 th)						\$

Parent/Guardian **MUST** initial the following agreements indicating your consent

INITIAL I have read and understand the Policies & Procedures as stated in the Summer Camp Parent Information Sheet and the Parent Handbook and agree to the terms of the Program and these additional Policies.

INITIAL I agree to read the Itinerary posted for each week and sign the permission form (available in person on the first day of camp) attached to these activities before leaving my child on the Program's premises.

INITIAL I have completed the Child Profile/Emergency Information Sheets & Parent Agreements (Page 3 only for current clients)

INITIAL I have paid in full for the Camps I wish to register for or I have enclosed a non-refundable deposit of \$25/camp and a post-dated cheque dated June 20th for all July Camps and (or) July 20th for all August Camps.

OFFICE USE ONLY

Confirmation Sent

Receipt Sent

July fees paid in full \$ _____ # _____ or Deposit \$25 x _____ = \$ _____ # _____ Amount remaining \$ _____ # _____

Aug fees paid in full \$ _____ # _____ or Deposit \$25 x _____ = \$ _____ # _____ Amount remaining \$ _____ # _____

Child Profile/Emergency Information Completed Parent Agreements Signed Medication Sheets Yes No