



Summer Camp Registration Form 2018

Little Kids Club for 3- 5 year olds

Name: _____

Date of Birth: _____

Summer camp for **Little Kids Club** (ages 3-5) will be located at River Valley School's **Early Learning Campus**. 6305 33rd Ave NW. Children moving up to grade one will go to Big Kids.

Weekly activities will include nature walks, playground and gym time, sprinkler fun, free play with lots of toys including: a sandbox, cars, trains, dolls, arts and crafts, and much more! Once a week there will be a special visitor to give a presentation on animals, magic, science experiments, or fine art. Children should bring their own snacks and lunch, sunscreen, bug spray, swimsuit and towel on hot days (for sprinkler fun!)

Registration is ongoing until **June 1st**. Payment for camp will be processed on **June 15th**, with a **no cancellation** policy. Please return to either campus in an envelope addressed to **Jane King** or email littlekidsclub@rivervalley.school.ca.

Hours of care: 7:00 AM – 6:00 PM

Week	Dates	Check off for the whole week	OR- Circle individual days attending <u>Must be at least 2 days per week</u> \$75/day	Fee
Week 1	July 3-6 Closed July 2 nd	___ 4 day week \$220	OR T W TH F	
Week 2	July 9-13	___ 5 day week \$275	OR M T W TH F	
Week 3	July 16-20	___ 5 day week \$275	OR M T W TH F	
Week 4	July 23-27	___ 5 day week \$275	OR M T W TH F	
Week 5	July 30-Aug 3	___ 5 day week \$275	OR M T W TH F	
Week 6	Aug 7-10 Closed Aug 6 th	___ 4 day week \$220	OR T W TH F	
Week 7	Aug 13-17	___ 5 day week \$275	OR M T W TH F	
Week 8	Aug 20-24	___ 5 day week \$275	OR M T W TH F	
Week 9	Aug 27-31	___ 5 day week \$275	OR M T W TH F	
			Total Fee/s:	

PAYMENT OPTIONS



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Please circle your preferred method of payment. If you are choosing the cheque option, please remember to attach your cheque. Payments will be processed on June 15th.

Cheque Credit Card Auto-withdrawal _____ on file, or: _____

For regular Kids Club users, we do have your information on file, but for licensing requirements, we ask that you take a minute to fill in the information below for summer camp.

PARENT CONTACT INFORMATION

Parent 1 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

Parent 2 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

EMERGENCY CONTACT INFORMATION- to be used only if parents cannot be reached.

Contact 1 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

Contact 2 Name: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Home Address: _____
Email: _____

People authorized to pick up child:

HEALTH CONCERNS

Are immunizations up to date: YES NO
Allergies: _____
Reactions: _____
Medications: _____

I have read and fully completed the registration form. I will maintain current information with the program, and any changes in place of residence, home, work, and/or cell phone numbers, persons having access to child, emergency contact persons, etc., will be reported promptly. I understand that payment will be taken on June 15, 2018, and no refunds will be given for cancelling after that date.

Parent/Guardian Signature

Date