



Winter Camp Registration Form 2018-2019

Little Kids Club for 3-5 year olds

- MUST be toilet trained.

- Address: 6305 33 Ave NW

Big Kids Club for Grades 1-6

- Address: 3127 Bowwood Dr NW

Name: _____

Date of Birth: _____

Kids Club will be open during Winter Break, provided we have at least ten children interested. December 24th is a half day and we will be closed on December 25 (Christmas Day), December 26 (Boxing Day) and January 1 (New Year's Day).

Please return to either campus in an envelope addressed to Jane King prior to November 12th.

Big Kids Club will have a field trip or a special guest once a week, and Little Kids Club will have a special guest once a week.

Hours of Care: 7:00 AM – 6:00 PM, 7:00-12:00 (December 24)

Please check off dates required, there are 2 options:

1. Full week- reduced rate

<input type="checkbox"/> December 21, 24 (half day), 27, 28	\$200
<input type="checkbox"/> December 31, January 2, 3, 4	\$225

OR

2. Individual Days (Minimum 2 days a week)

Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
				Dec 21 <input type="checkbox"/> \$75	
24 <input type="checkbox"/> \$40 (7:00-12:00)	25 CLOSED Christmas Day	26 CLOSED Boxing Day	27 <input type="checkbox"/> \$75	28 <input type="checkbox"/> \$75	
31 <input type="checkbox"/> \$75	Jan 1 CLOSED New Year's Day	2 <input type="checkbox"/> \$75	3 <input type="checkbox"/> \$75	4 <input type="checkbox"/> \$75	
				Grand Total:	

Sections 2-5 do not need to be filled in if you are already registered in Kids Club.

1. PAYMENT OPTIONS

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 November 20th, with a NO cancellation policy as we will need to book field trips/special guests and hire staff to work during this time.

Cheque Credit Card Bank Auto-Withdrawal _____ on file, or: _____

2. PARENT CONTACT INFORMATION

Parent 1 Name: _____	Parent 2 Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Home Address: _____	Home Address: _____
Email: _____	Email: _____

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

Contact 1 Name: _____	Contact 2 Name: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Home Address: _____	Home Address: _____
Email: _____	Email: _____

People authorized to pick up child:

4. HEALTH CONCERNS

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

5. Does your child have any special needs we need to be aware of?

6. 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 information, etc., will be reported promptly. I understand that payment will be taken on November 20th, and no refunds will be given for cancelling after that date.

Parent/Guardian Signature

Date