



Spring Camp Registration Form 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 Spring Break, provided we have enough interest from both campuses.

Please return to either campus in an envelope addressed to Jane King prior to February 18th.

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

Please check off dates required, there are 2 options:

1. Full week- reduced rate

<input type="checkbox"/> March 22, 25, 26, 27, 28, 29	\$330
<input type="checkbox"/> April 1, 2, 3, 4, 5	\$275

OR

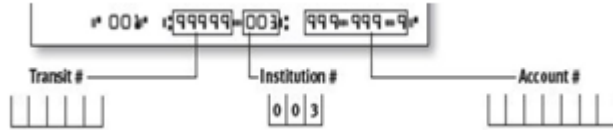
2. Individual Days (Minimum 2 days a week)

Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
				March 22 <input type="checkbox"/> \$75	
25 <input type="checkbox"/> \$75	26 <input type="checkbox"/> \$75	27 <input type="checkbox"/> \$75 <i>- Big Kids Club and Little Kids Club Special Guest: Mad Science (separate)</i>	28 <input type="checkbox"/> \$75	29 <input type="checkbox"/> \$75	
April 1 <input type="checkbox"/> \$75	2 <input type="checkbox"/> \$75	3 <input type="checkbox"/> \$75 <i>- Big Kids Club Field Trip: Calgary Humane Society - Little Kids Club Special Guest: Outdoors In</i>	4 <input type="checkbox"/> \$75	5 <input type="checkbox"/> \$75	
				Grand Total:	

PAYMENT METHODS: Please select ONE payment method below:

****NSF Fee \$50**

- POST-DATED CHEQUES / BANK DRAFT** (ALL cheques must be received with this package)
- AUTOMATIC WITHDRAWAL** (Pre-Authorized Payment): For Automatic Withdrawal, please attach a void cheque or complete the following banking information:



Transit # _____ (5 Digits) Institution # _____ Account # _____

CREDIT CARD

Credit Card Number: _____ Expiry: _____/_____

Name of Cardholder: _____

I authorize River Valley School to withdraw payments from the indicated bank account / credit card above.

PRINT NAME): **X** _____

SIGNATURE: **X** _____ DATE: _____

***Payment will be processed on February 21, with a NO cancellation policy as we will need to book field trips/special guests and hire staff to work during this time.**

Thank you!

Sections 1-4 do not need to be filled in if your child is already registered in Kids Club this school year.

1. 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: _____

2. 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:

3. HEALTH CONCERNS

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

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

5. 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.

Parent/Guardian Signature

Date