



## Spring Camp Registration Form 2020

- Little Kids Club for 3-5 year olds**
- MUST be toilet trained.

- Address: 3127 Bowwood Dr Nw

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Kids Club will be open during Spring Break, provided we have at least ten Children interested.

Please return to the campus in an envelope addressed to Navreet Dadian prior to February 12<sup>th</sup>,2020.

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 20, 23, 24, 25, 26, 27	\$330
<input type="checkbox"/> March 30,31, April 1, 2, 3	\$275

**OR**

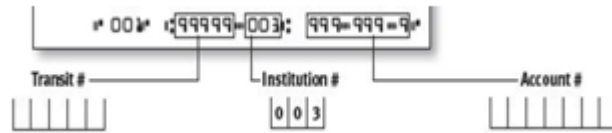
**2. Individual Days (Minimum 2 days a week)**

Monday	Tuesday	Wednesday	Thursday	Friday	Week Total
				<b>March 20</b> <input type="checkbox"/> \$75	
<b>23</b> <input type="checkbox"/> \$75	<b>24</b> <input type="checkbox"/> \$75	<b>25</b> <input type="checkbox"/> \$75 Special Guest TBD	<b>26</b> <input type="checkbox"/> \$75	<b>27</b> <input type="checkbox"/> \$75	
<b>30</b> <input type="checkbox"/> \$75	<b>31</b> <input type="checkbox"/> \$75	<b>April 1</b> <input type="checkbox"/> \$75 Special Guest TBD	<b>2</b> <input type="checkbox"/> \$75	<b>3</b> <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 26, 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!**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**1. 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: \_\_\_\_\_

**2. 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:**

\_\_\_\_\_

**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