



## Summer Camp Registration Form 2020 (for Children Enrolled at River Valley School)

**Little Kids Club (for 3-5 year olds)**

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

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

Summer camp for **Little Kids Club** will be located at River Valley School: 3127 Bowwood Drive NW.

Children **MUST** be toilet trained.

Weekly activities will include nature walks, outdoor and gym time, sprinkler fun, free play with lots of toys including: 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 3<sup>rd</sup>**. Payment for camp will be processed on **June 17<sup>th</sup>**, with a no cancellation policy. Please return this form to our reception desk in an envelope addressed to **Kids Club** or email [littlekidsclub@rivervalleyschool.ca](mailto:littlekidsclub@rivervalleyschool.ca)

**Hours of Care: 7:00 AM – 6:00 PM**

### Individual Days (Minimum 2 days per week) -\$75 Per day

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	June 29,30 July 2,3	___ \$225 *4 day week	M T T H F <b>Closed July 1</b>	
Week 2	July 6-10	___ \$275	M T W T H F	
Week 3	July 13-17	___ \$275	M T W T H F	
Week 4	July 20-24	___ \$275	M T W T H F	
Week 5	July 27-31	___ \$275	M T W T H F	

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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 6	Aug 4-7	___ \$225 *4 day week	T W T H F <b>Closed Aug 3</b>	
Week 7	Aug 10-14	___ \$275	M T W T H F	
Week 8	Aug 17-21	___ \$275	M T W T H F	
			<b>Total Fee/s:</b>	

\*Weekly Special guests will be announced soon.

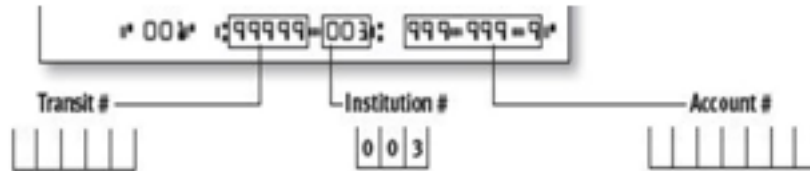


PAYMENT METHODS: Please select ONE payment method below:

*\*\*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 **June 17**, 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: \_\_\_\_\_

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

