



## School Age Summer Camps Registration Form - 2025

Child's Name: \_\_\_\_\_ Grade attended June 2025 \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Summer Camps will run Monday through Friday, 8:00 a.m. to 5:00 p.m.**

Please **circle the camps** that you are registering for and **total the amount due** below.

**\*\* Registration will be on First Come/First Serve basis and forms WILL NOT be accepted back until April 15, 2025.**

Date (Circle)	Monthly amount (Circle)	Summer Tuition
July 1 – Aug 1 (Monday- Friday excluding July 1 <sup>st</sup> Stat)	Kindergarten <u>July</u> (\$850 less \$320 CCFRI) →	\$ 530.00
July 1 – Aug 1 (Monday- Friday excluding July 1 <sup>st</sup> Stat)	Grade 1 to 6 <u>July</u> (\$850 less \$115 CCFRI) →	\$ 735.00
August 1 to August 28 (Monday- Friday excluding stat holiday & Aug 29)	Kindergarten <u>August</u> (\$850 less \$320 CCFRI) →	\$ 530.00
August 1 to August 28 (Monday- Friday excluding stat holiday & Aug 29)	Grade 1 to 6 <u>August</u> (\$850 less \$115 CCFRI) →	\$ 735.00
<b>Non refundable deposit required with Form</b> (circle one)	<b>(include cash or chq # _____)</b>	<b>-\$100.00</b>
<b>Please include cheque(s) dated for June 30 (for July Camp) and/or July 31 (for August Camp), if not paid in full when registering.</b> You may pay the full amount upon registration, or the full balance <i>(after deposit)</i> on Post Dated monthly cheques. Please include Cheque numbers in appropriate spot in the next column.		
<div>Balance Owing \$ _____</div> <div><input type="checkbox"/> Cash (or) Chq # _____</div> <div><b>or</b></div> <div><input type="checkbox"/> Postdated Cheque(s)</div> <div>June 30 chq # _____ \$ _____</div> <div>July 31 chq # _____ \$ _____</div>		

- ☐ **Deposit and cheques for the balance** must be included with your registration forms, in order to reserve your child's spot. Spots are limited due to space, and in high demand.
- ☐ **Please complete name/address, etc., on both pages**, as page 1 is for the office and page 2 is for the teacher. Thank you!

**There will be no refunds for missed days**

## **CONSENTS:**

Childs Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent Phone #(s) \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

***(please complete all information - even if we have your child's information already on file)***

## **Emergency**

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Care Card # \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give consent for my child to be taken to the nearest emergency center by the staff of Juniper Early Learning Center when I can not be contacted.

I hereby give consent for my child to receive medical treatment, in the event that I can not be contacted.

Parent/Guardian: (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

## **Field Trips**

I hereby, give permission for my child to accompany the staff of Juniper Early Learning Center on field trips. I understand that this includes excursions on foot, with Center Busses, staff vehicles or on public transit.

Parent/Guardian: (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

## **Photos**

I, hereby, give permission for the staff of Juniper Early Learning Center, to take pictures/video of my child, for facility use. I understand that these pictures/videos may be used in displays, scrapbooks, community displays, on Juniper Early Learning Center's Website and/or Facebook page.

Parent/Guardian: (Sign) \_\_\_\_\_ Date: \_\_\_\_\_

## **External Media**

I, hereby, give permission for members of the media, at the discretion of Juniper Early Learning Center Staff, to take pictures/video of my child and publicize in the media.

Parent/Guardian: (Sign) \_\_\_\_\_ Date: \_\_\_\_\_