



CAMP PAL-O-MINE For children ages 4 – 12 years
July 4, 2017 – September 1, 2017
 (No camp on Monday July 3 and Monday August 7)

REGISTRATION FORM 2017 (Please complete one form per child)

Child's First Name _____ Boy/Girl (circle)
 Child's Last Name _____
 Birth Date _____ Age _____
 Address _____ Apt. # _____
 City _____ Postal Code _____
 Parent/Legal Guardian # 1 _____
 Home Phone _____
 Cell Phone _____
 Business Phone _____
 Parent/Legal Guardian # 2 _____
 Home Phone _____
 Cell Phone _____
 Business Phone _____
 School Attending _____ Grade _____

Emergency Contacts:

Parent/Legal Guardian # 1
 Parent/Legal Guardian # 2

Child's Doctor _____
 Phone # _____

First Emergency Contact *other than parent/guardian:*
 Name _____
 Phone # _____

Second Emergency Contact *other than parent/guardian:*
 Name _____
 Phone # _____

CAMP CORE HOURS: 10:00 am to 4:00 pm

Camp fees: Full Week \$175.00 per week, **4-day week \$145.00 per week.

(Includes all activity & admission fees, transportation costs, healthy afternoon snack & camp ball cap)

Extended hours available:

Please check Morning 8:00 am – 10:00 am and/or Afternoon 4:00 pm – 6:00 pm

Fees \$20.00 per week for AM OR PM, \$40.00 per week for both AM and PM

Sessions attending: Week # - Check <input type="checkbox"/>	Camp Fee / Fee	Ext. hrs / DUE	FEES / Amt Paid	Rec. # * & Date / Rec. # * & Date	Balance Due / Bal. Pd	(Payment of balance due June 26)
	\$20 or \$40					
1) <input type="checkbox"/> July 4 - July 7**	\$145	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
2) <input type="checkbox"/> July 10 - July 14	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
3) <input type="checkbox"/> July 17 - July 21	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
4) <input type="checkbox"/> July 24 – July 28	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
5) <input type="checkbox"/> July 31 – Aug. 4	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
6) <input type="checkbox"/> Aug. 8 – Aug. 11**	\$145	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
7) <input type="checkbox"/> Aug. 14 – Aug. 18	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
8) <input type="checkbox"/> Aug. 21 – Aug. 25	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____
9) <input type="checkbox"/> Aug. 28 – Sept. 1	\$175	\$ _____	\$ _____	\$ _____ # _____	\$ _____	\$ _____ # _____

Balance Due: PAYMENT OF BALANCE OF CAMP FEES IS REQUIRED BY MONDAY, JUNE 26, 2017.

Membership Fee: **\$45.00** Receipt #: _____ Date: _____ Membership # _____ Expiry date _____

***Please keep ALL these receipts for income tax purposes. No other receipts will be issued.**

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Previous camp experience? _____
Information that you would like CECC to know, to help your child have a positive experience at camp: _____

Dietary and/or activity restrictions? _____
Child's interests, hobbies, talents? _____
Child's swimming ability/level? _____

If siblings or friends are attending the same session of camp, should they be in the same group? _____
Special needs or concerns that camp should be aware of (physical needs, behaviour, medical condition(s), speech / language, hearing / visual impairment, etc.): **Please be advised that Camp Pal-O-Mine is not funded to provide one-to-one care.**

MEDICAL INFORMATION: Allergies: _____
Any medications to be given at camp: _____
Please note: Depending upon the allergy, an Anaphylaxis Emergency Plan and/or a Medication Administration Record must be completed, if prescription medication is to be administered.

DROP OFF / PICK UP
List all persons who will be dropping off and picking up your child. **Your child must be signed in and signed out every day.** Your child will NOT be released to anyone whose name is not listed here:

My/our child will be dropped off and/or picked up by Parent(s) / Legal Guardian(s) on Page 1 of this form AND:
_____ **OR** _____ **OR** _____
Name and relationship to child Name and relationship to child Name and relationship to child

To ensure safety, the above named person(s) are the only people that camp staff will release your child to. If this information changes, CECC and camp staff MUST BE NOTIFIED IN WRITING. Photo ID may be required at staff's discretion.

Conditions of Enrolment

1. Each registration form must be accompanied by a \$50.00 deposit and CECC annual family membership fee of \$45.00.
2. **THE BALANCE OF THE CAMP FEES ARE DUE AND PAYABLE ON MONDAY, JUNE 26, 2017.**
3. Please note that your \$50.00 deposit and CECC annual family membership fee are non-refundable.
4. Camp fees, **including extended hours fees**, are not a day-by-day fee. Registration fees and extended hours fees are charged per week ONLY. CECC will not refund fees for days missed for any reason. Days missed cannot be made up.
5. Central Eglinton Community Centre reserves the right to suspend any child from camp if s/he is disruptive to the other children and/or to the camp program.
6. Camp fees, less deposit, will be refunded if two weeks' written notice of cancellation is received. Any refunds granted will be subject to a 15% administrative fee.
7. Changes to scheduled weeks MUST be submitted in writing. A \$10.00 per week administrative fee will be charged.
8. **If enrolling for additional weeks, payment must be received on or before the Thursday of the preceding week.**
9. A late fee of \$1.00 per minute will be charged for ALL LATE PICK UPS.

I/We have read, understand and agree to the above conditions of enrolment and all information in this registration form, and I/we enclose my/our \$50.00 deposit towards camp fees and \$45.00 CECC family membership fee. **I/We understand and agree that the deposit of \$50.00 and the \$45.00 CECC membership fee are non-refundable. I/We understand and agree that the balance of camp fees is due and payable on June 26, 2017. I/We understand and agree that if the balance of camp fees is not paid by June 26, 2017, my/our child will not be enrolled in camp.** I/We represent and warrant to CECC that I/we am/are the parent(s)/legal guardian(s) of the above-named minor child and as such am/are fully authorized and entitled to enter into this agreement on his/her behalf. **I/We agree that my/our child may participate in all camp activities, trips and outings, and understand that with any physical activity, there is a risk of injury. I/We give CECC and camp staff the authority to act on my/our behalf in case of emergency. I/We have provided all necessary medical and other information concerning my/our child, and I/we can be reached at the phone numbers listed. In an emergency, I/we authorize Central Eglinton Community Centre to secure medical care for my/our child.** I/We am/are [a] member[s] of CECC and consent to the participation of the aforementioned child, and hereby release CECC, its staff, Board of Management, instructors and volunteers from any and all actions, claims, demands for damages, for any loss or injury, howsoever arising, which may hereafter be sustained by the participant as above named in consequence of participation in CECC/Camp Pal-O-Mine program activities.

Parent/Legal Guardian NAME- **PLEASE PRINT**

Parent/Legal Guardian NAME- **PLEASE PRINT**

Parent/Legal Guardian **SIGNATURE** Date

Parent/Legal Guardian **SIGNATURE** Date

Please return this registration form, waiver and payment to: CECC, 160 Eglinton Avenue East, Toronto, ON M4P 3B5

Personal information on this form is collected under the authority of the City of Toronto Act, 1997, and Art XI of CH. 169, of the City of Toronto Municipal Code. The information is used for the purpose of registration, membership, payment, mailings, including newsletters/surveys and aggregate statistical reporting. Questions about this collection can be directed to: The Executive Director, CECC, 160 Eglinton Avenue. E, Ste. 201, Toronto, Ontario M4P 3B5.