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Office Use Only:



CAMP PAL-O-MINE For children ages 4 – 12 years July 2, 2024 – August 30, 2024 (No camp on Monday, August 5)

			`	complete one	. ,	Fmer	gency Con	tacts:
Child's First Name					y/Girl (circle)		-	
Child's Last Name			A				/Legal Guar	
Birth Date Address & Apt. #: _			Age			Parent	/Legal Guar	dian # 2 🗆
Address & Apt. #: _								
City	Postal	Code				Phone	#	
Parent/Legal Guard								Contact other than
Home Phone						parent	/guardian:	
Cell Phone						Relation	onship	
Email						Phone	#	
Business Phone						Secon	d Emergen	cy Contact other th
Parent/Legal Guard							d ⊑mergend ⁄guardian:	y Contact other th
Home Phone						Name		
Cell Phone						Relation	onship	
Business Phone School Attending			Grade in S	Sent		Pnone	#	
Sessions attending:	Camp Fe	e <u>e</u> / <u>Ext</u> F		•	•	/ Balance	Due / Bal. I	Pd / Rec. # * & Date palance due <u>June 24</u>)
						_		
1) □July 2 - July 5**	\$ <u>165</u>	\$	\$	_ \$	#	\$	\$	#
2)	\$ <u>195</u>	\$	\$	\$	#	\$	\$	#
3)	\$ <u>195</u>	\$	\$	\$	#	\$	\$	#
4)	\$ <u>195</u>	\$	\$\$	\$	#	\$	\$	#
5) July 29 – Aug. 2	\$ <u>195</u>	\$	\$	\$	#	\$	\$	# <u></u>
6) Aug. 6 – Aug. 9**\$	<u>165</u>	\$	\$\$	\$	#	\$	\$	#
7) Aug. 12 – Aug. 16	\$ <u>195</u>	\$	\$	\$	#	\$	\$	#
8) Aug. 19 – Aug. 23	\$ <u>195</u>	\$	\$\$	\$	#	\$	\$	#
9) Aug. 26 – Aug. 30	<u>\$195</u>	\$	\$	\$	#	\$	\$	#

Camp Info Package given/mailed?



Please turn over

Initial:

Date:

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Previous camp experience?	d 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, sl	
Special needs or concerns that camp should be aware of (phys	
language, hearing / visual impairment, etc.): Please be advised	a that Camp Pai-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 Eme	ergency Plan and/or a Medication Administration Record mu
be completed, if prescription medication is to be administered.	manager a moderation raminotication record in a
DROP OFF / PICK UP	
List all persons who will be dropping off and picking up your of	child. Your child must be signed in and signed out every
day. Your child will NOT be released to anyone whose name	
My/our child will be dropped off and/or picked up by Pare	
OROR_	
Name and relationship to child Name and relationship	to child Name and relationship to child
Name and relationship to child Name and relationship	to crilid Marile and relationship to crilid
To ensure safety, the above named person(s) are the only information changes, CECC and camp staff MUST BE NO discretion.	
Conditions of Enrolment	
1. Each registration form must be accompanied by a \$50.00 de	eposit and CECC family camp membership is free.
2. THE BALANCE OF THE CAMP FEES ARE DUE AND PA	YABLE ON MONDAY, JUNE 24, 2024.
3. Please note that your \$50.00 deposit is non-refundable .	
4. Camp fees, including extended hours fees , are <u>not</u> a day	
charged per week ONLY. CECC will not refund fees for days m	
5. Central Eglinton Community Centre reserves the right to such ildren and/or to the camp program.	spend any child from camp it s/he is disruptive to the other
6. Camp fees, less deposit, will be refunded if two weeks' writt	ten notice of cancellation is received. Any refunds granted wi
be subject to a 15% administrative fee.	ion notice of canonication to received. They retained granted wi
7. Changes to scheduled weeks MUST be submitted in writing	a. A \$10.00 per week administrative fee will be charged.
8. After the first day of camp, registrations will only be ac	
registrations will be accepted on the first day of any week of	of camp. If enrolling for additional weeks, payment must
be received on or before the Thursday of the preceding we	ek.
9. A late fee of \$1.00 per minute will be charged for ALL LA	
PLEASE READ CAREFULLY: I/We have read, understand and	0
information in this registration form, and I/we enclose my/our \$5	
membership is free. I/We understand and agree that the dep	
agree that the balance of camp fees is due and payable on balance of camp fees is not paid by June 24, 2024, my/our	
warrant to CECC that I/we am/are the parent(s)/legal guardian(
authorized and entitled to enter into this agreement on his/her b	
I/We agree that my/our child may participate in all camp ac	
physical activity, there is a risk of injury. I/We give CECC at	
of emergency. I/We have provided all necessary medical an	
be reached at the phone numbers listed. In an emergency,	
secure medical care for my/our child. I/We am/are [a] memb	er[s] of CECC and consent to the participation of the
aforementioned child, and hereby release CECC, its staff, Boar	
actions, claims, demands for damages, for any loss or injury, he	
participant as above named in consequence of participation in	CECC/Camp Pal-O-Mine program activities.
PLEASE PRINT - Parent/Legal Guardian NAME	PLEASE PRINT - Parent/Legal Guardian NAME
SIGNATURE Parent/Legal Guardian Date	SIGNATURE Parent/Legal Guardian Date