



School Age Summer Camps Registration Form - 2021

Childs Name: _____ DOB: _____ Age (as of July 1/2021) _____

Parent Name(s) _____ Phone# _____ Email _____

Date	Program	Weekly Amount	Monthly amount	Entire Summer amount
July 5 - 9	Water Fun	\$ 200.00	\$ 750.00 (July only)	\$ 1600.00
July 12 - 16	Around the World	\$ 200.00		
July 19 - 23	Space Adventure	\$ 200.00		
July 26 – 30	Playing with Paint	\$ 200.00		
	July Total:	_____	Subtotal→	_____
August 3 - 6	Young Scientist	\$ 170.00	\$ 925.00 (August only)	
August 9 - 13	Wet & Wild	\$ 200.00		
August 16 - 20	Adventure Week	\$ 200.00		
August 23 – 27	Mini Olympics	\$ 200.00		
August 30 – Sep 3	Carnival Camp	\$ 200.00		
	August Total:	_____		SUMMER TOTAL Below
			Less \$ 100 deposit →	_____

Deposit: \$100 Chq # _____ (or) Cash \$100 ___ Post-dated Chq #(s) July ____/Aug _____

Please **circle the camps** that you are registering for and **total your amount due** at the bottom of the appropriate column.

- **Please Note:** There is discounted rates for those attending the entire summer or by the month. If you choose to register for camps by the week, the full amount applies and is **due for all camps by the 1st of the month** (that they fall in). If they are not paid for by the 1st of the month, your child’s spot may be given away. There will be no refunds for missed days.
- **A Deposit of \$100.00 per child is required upon enrolment** to hold your child’s spot for the summer camps. We will be opening summer registration to the General Public on April 1, 2021
- **Include Post-dated cheques for the 1st of July and the 1st of August for your total fees.**

CONSENTS:

Childs Name _____ 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: _____