



School Age Summer Camps Registration Form - 2023

Childs Name: _____ Age (as of July 1/2023) _____

Address: _____

Parent Name(s) _____ Phone# _____ Email _____

Date (Circle One only)	Monthly amount (Circle One only)	Summer Tuiton
July 4 – 28 (Monday- Friday excluding stat holiday)	July (only) →	\$ 825.00
July 31 – August 25 (Monday- Friday excluding stat holiday)	August (only) →	\$ 825.00
July 4 to August 25 (Monday- Friday excluding stat holiday)	July & August →	\$1550.00
Non refundable deposit required with Form	(cash or chq # _____) Less deposit	-\$100.00
Please include cheque <u>dated for July 1 for the balance owing.</u> <i>If you are requiring care for both month you may submit 2 cheques (July 1 & August 1)</i>	Balance Owing Cash or chq# (s) July 1 _____ August 1 _____	\$ _____

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 a discounted rate for those attending the entire summer, and two cheques (dated July 1 and August 1), in the amount of \$775, may be submitted for rather than one cheque for the full balance.
- If you are registering for only one month, you must include a cheque for the balance owing, dated for July 1, 2023.
- **A Deposit of \$100.00 per child is required upon enrolment** to hold your child’s spot for the summer. We will be opening summer registration to the General Public on April 17, 2023.
- Applicable payments (mentioned above) must also be included with your registration forms, in order to reserve your child’s spot. Spots are limited and in high demand.
- 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: _____