



School Age Summer Camps Registration Form - 2022

Childs Name: _____ DOB: _____ Age (as of July 1/2022) _____

Parent Name(s) _____ Phone# _____ Email _____

Date	Program	Weekly Amount	Monthly amount	Entire Summer amount
July 4 - 8	Nature	\$ 200.00	\$ 750.00 (July only)	\$ 1600.00
July 11 - 15	Around the World	\$ 200.00		
July 18 - 22	Space Adventure	\$ 200.00		
July 25 – 29	Playing with Paint	\$ 200.00		
	July Total:	_____	Subtotal→	_____
August 2 - 5	Young Scientist	\$ 170.00	\$ 925.00 (August only)	
August 8 - 12	Wet & Wild	\$ 200.00		
August 15 - 19	Adventure Week	\$ 200.00		
August 22 – 26	Mini Olympics	\$ 200.00		
August 29 – Sep 2	Emotional Regulation	\$ 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 15, 2022
- **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: _____