

MINNEKHADA MIDDLE SCHOOL

SUMMER DAY CAMP REGISTRATION 2018

School: _____

Child's Name: _____ Age: _____ Birth date: _____

Care Card / Medical #: _____

Parent / Guardian: _____

Home Phone: _____

Address: _____

Cell: _____

Email: _____

Work: _____

Emergency Contact: _____

Phone: _____

Doctor: _____

Phone: _____

Please list any allergies and/or medical concerns: _____

CAMP FEE SCHEDULE

CHILDREN'S CAMP

| | Early Bird Special | Full Week Cost | Daily Rate | Please Circle Days |
|----------------------------------|-----------------------------------|----------------|------------------------|--------------------|
| MC - W1: JULY 03 - JULY 06, 2018 | \$95.00 <input type="checkbox"/> | \$100 | # ___ DAY(S) X \$35.00 | T W TH F |
| MC - W2: JULY 09 - JULY 13, 2018 | \$110.00 <input type="checkbox"/> | \$120 | # ___ DAY(S) X \$35.00 | M T W TH F |
| MC - W3: JULY 16 - JULY 20, 2018 | \$110.00 <input type="checkbox"/> | \$120 | # ___ DAY(S) X \$35.00 | M T W TH F |
| MC - W4: JULY 23 - JULY 27, 2018 | \$110.00 <input type="checkbox"/> | \$120 | # ___ DAY(S) X \$35.00 | M T W TH F |
| MC - W5: JULY 30 - AUG 03, 2018 | \$110.00 <input type="checkbox"/> | \$120 | # ___ DAY(S) X \$35.00 | M T W TH F |
| MC - W6: AUG. 07 - AUG. 10, 2018 | \$95.00 <input type="checkbox"/> | \$100 | # ___ DAY(S) X \$35.00 | T W TH F |

YOUTH CAMP

| | Full Week Cost | Daily Rate | Please Circle Days | FIELD TRIP |
|----------------------------------|-----------------------------------|------------------------|--------------------|------------------|
| MY - W1: JULY 03 - JULY 06, 2018 | \$120.00 <input type="checkbox"/> | # ___ DAY(S) X \$30.00 | T TH F | Polaris |
| MY - W2: JULY 09 - JULY 13, 2018 | \$135.00 <input type="checkbox"/> | # ___ DAY(S) X \$30.00 | M T TH F | Vancouver Zoo |
| MY - W3: JULY 16 - JULY 20, 2018 | \$135.00 <input type="checkbox"/> | # ___ DAY(S) X \$30.00 | M W TH F | Stanley Park |
| MY - W4: JULY 23 - JULY 27, 2018 | \$135.00 <input type="checkbox"/> | # ___ DAY(S) X \$30.00 | M T W TH | Science World |
| MY - W5: JULY 30 - AUG 03, 2018 | \$135.00 <input type="checkbox"/> | # ___ DAY(S) X \$30.00 | M TH F | Watermania |
| MY - W6: AUG. 07 - AUG. 10, 2018 | \$120.00 <input type="checkbox"/> | # ___ DAY(S) X \$30.00 | T TH F | Rocky Point Park |

***NO DAILY AVAILABLE ON FIELD TRIP DAYS**

TOTAL WEEKLY FEES: \$ _____ TOTAL DAILY FEES: \$ _____ Total Fees: \$ _____

COUPON AMOUNT: \$ _____ TOTAL FEES PAID: \$ _____ Coordinator Initials: _____

Cheque # _____ Cash Amount \$ _____ Receipt Number: _____

PERMISSION AND ACKNOWLEDGEMENT OF RISK

Initial ____ My child has permission to attend functions associated with this program

Initial ____ My child will be picked up by: _____

Or _____

Initial ____ My child will walk home. YES ____ NO ____ PLEASE CHECK (REQUIRED)

- I/We agree that our son/daughter will follow all reasonable instructions and directions of the program instructor(s) in connection with the operation of the Community Schools of School District #43 Coquitlam. While community school camp staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in activities and injury may occur without fault on the part of the student, the school board, its employees and volunteers, or the facility where the activity is taking place. By allowing your child to participate in this camp, you are agreeing that the camp activities are suitable for your child and acknowledging that you understand there is a risk of injury associated with it.
- In the event that our child(ren)is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district staff, Program Instructors and volunteers to seek medical attention on my/our behalf.

Photographs/Published Names: In accordance with the Freedom of Information and Protection of Privacy Act, School District No. 43 (Coquitlam) requires consent to use personal information for purposes unrelated to educational programs. The School District requests permission to use photographs/videos/names of individual students and groups of students in a variety of publications to promote the community school programs. This could include newsletters, brochures, newspapers, magazines, reports, public websites, radio, videos or television. This would also include permission for your child to be photographed by the media (TV or newspaper) for events relating to our community school programs.

YES - I give my consent for the publication of my child's photograph/name and comments for purposes consistent with the above.

NO - I do not permit the publication of my child's photograph/name and comments for purposes consistent with the above.

Summer Camp Cancellation Policy

A full refund will be given for any cancelled weeks prior June 13, 2018. Any cancellations after June 13, 2018 will be charged a \$25.00 *administration fee* for each week cancelled. If you cancel during the camp, refunds will not be issued for paper registration (cash and cheque payments) until September when the School Accounting Clerk returns. Online registrations refunds will be available during summer camp.

Signature of Parent/ Guardian _____

Date _____