

SEAVIEW COMMUNITY SCHOOL

FRENCH SUMMER DAY CAMP REGISTRATION 2019

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

<u>CHILDREN'S CAMP</u>	Full Week Cost	Daily Rate	<u>Please Circle Days</u>
SF – W1: JULY 02 – JULY 05, 2019	\$125.00 <input type="checkbox"/>	# ___ DAY(S) X \$35.00	T W TH F
SF – W2: JULY 08 – JULY 12, 2019	\$140.00 <input type="checkbox"/>	# ___ DAY(S) X \$35.00	M T W TH F
SF – W3: JULY 15 – JULY 19, 2019	\$140.00 <input type="checkbox"/>	# ___ DAY(S) X \$35.00	M T W TH F
SF – W4: JULY 22 – JULY 26, 2019	\$140.00 <input type="checkbox"/>	# ___ DAY(S) X \$35.00	M T W TH F
SF – W5: JULY 29 – AUG 02, 2019	\$140.00 <input type="checkbox"/>	# ___ DAY(S) X \$35.00	M T W TH F
SF – W6: AUG. 06 - AUG. 09, 2019	\$125.00 <input type="checkbox"/>	# ___ DAY(S) X \$35.00	T W TH F

TOTAL WEEKLY FEES: \$ _____

TOTAL DAILY FEES: \$ _____

Total Camp Fees Due: \$ _____

Coordinator Initials: _____

Paid by Chq# _____ Cash \$ _____

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 14, 2019. Any cancellations after June 14, 2019 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 _____