

# MINNEKHADA MIDDLE SCHOOL

## SUMMER DAY CAMP REGISTRATION 2017

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: \_\_\_\_\_

Please list any friends the child would like to be placed in a group with (if possible):

### FEE SCHEDULE

#### SELLECTED CAMP

Full Week

Or

By the Day

Please Circle Days

W - 1: July 04 – July 07, 2017	\$90.00	\$ _____	# _____	Day(s)	X \$30.00 _____	<u>T W TH F</u>
W - 2: July 10 – July 14, 2017	\$110.00	\$ _____	# _____	Day(s)	X \$30.00 _____	<u>M T W TH F</u>
W - 3: July 17 – July 21, 2017	\$110.00	\$ _____	# _____	Day(s)	X \$30.00 _____	<u>M T W TH F</u>
W - 4: July 24 – July 28, 2017	\$110.00	\$ _____	# _____	Day(s)	X \$30.00 _____	<u>M T W TH F</u>
W - 5: July 31 – Aug 04, 2017	\$110.00	\$ _____	# _____	Day(s)	X \$30.00 _____	<u>M T W TH F</u>
W - 6: Aug. 08 - Aug. 11, 2017	\$90.00	\$ _____	# _____	Day(s)	X \$30.00 _____	<u>T W TH F</u>

TOTAL WEEKLY FEES: \$ \_\_\_\_\_

TOTAL DAILY FEES: \$ \_\_\_\_\_

Total Fees Due (A+ B): \$ \_\_\_\_\_

Coupon Amount: \$ \_\_\_\_\_

Total Camp Fees Due: \$ \_\_\_\_\_

Coordinator Initials: \_\_\_\_\_

Paid by Chq# \_\_\_\_\_ Cash \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_

# W A I V E R

Initial \_\_\_\_\_ My child has permission to attend functions associated with the program  
(specific details will be provided before the activity)

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.
- I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the Community Schools of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Community School program, service or event.
- 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 16, 2017. Any cancellations after June 16, 2017 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 \_\_\_\_\_