

SD #43 Summer Camp Registration Form 2014

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

PLEASE INDICATE WHICH CAMP YOU WOULD LIKE TO ATTEND:

- | | |
|--|---|
| <input type="checkbox"/> CENTRAL CAMP
<input type="checkbox"/> LEIGH CAMP | <input type="checkbox"/> MONTGOMERY CAMP
<input type="checkbox"/> MILLER PARK CAMP |
|--|---|

<u>SELLECTED CAMP</u>	Full Week	Or	By the Day	Please Circle Days	
W - 1: July 02 – July 04, 2014	\$60.00	\$ _____	# _____ Day(s)	X \$25.00 _____	<u>W TH F</u>
W - 2: July 07 – July 11, 2014	\$95.00	\$ _____	# _____ Day(s)	X \$25.00 _____	<u>M T W TH F</u>
W - 3: July 14 – July 18, 2014	\$95.00	\$ _____	# _____ Day(s)	X \$25.00 _____	<u>M T W TH F</u>
W - 4: July 21 – July 25, 2014	\$95.00	\$ _____	# _____ Day(s)	X \$25.00 _____	<u>M T W TH F</u>
W - 5: July 28 – Aug. 01, 2014	\$95.00	\$ _____	# _____ Day(s)	X \$25.00 _____	<u>M T W TH F</u>
W - 6: Aug. 05 - Aug. 08, 2014	\$80.00	\$ _____	# _____ Day(s)	X \$25.00 _____	<u>T W TH F</u>

MILLER PARK CAMP

MP - 1: July 08 – July 11, 2014	\$40.00	\$ _____
MP - 2: July 14 – July 18, 2014	\$50.00	\$ _____
MP - 3: July 21 – July 25, 2014	\$50.00	\$ _____

*Please Note: Miller Park does not offer individual day option

A. Total Weekly Fees: \$ _____	B. Total Daily Fees: \$ _____
Total Fees Due (A+ B) \$ _____	Paid by Chq# _____ Cash \$ _____
Total Camp Fees Due \$ _____	Coord. /Intake Initials _____

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, 2014. Any cancellations after June 16, 2014 will be charged a \$20.00 Admin Fee for each week cancelled. If you cancel during the camp, refunds will not be issued until September when the School Accounting Clerk returns.

Please note that the **Miller Park Camp has a no refund policy for any cancellations.

Signature of Parent/ Guardian _____

Date _____

Thank You For Supporting SD43 Community Programs