

## VAUGHAN CO-OP NURSERY SCHOOL SUMMER CAMP 2010 REGISTRATION INFORMATION

Vaughan Co-op offers the following summer camp sessions for children age 2 ½ to 5 years old. Children may be registered as many weeks as desired. Applications are accepted on a first come, first served basis. For this purpose, please have your application signed in the box at the bottom of this page by a Hippo school office or staff member before leaving it in the office inbox. The camp provides snacks and beverages. Children registered in the Full Day program must bring their own lunch (nut-free required).

### Summer Camp Schedule

The summer camp will run during the following weeks:

July 5 - 9	August 3 - 6 (short week)
July 12 - 16	August 9 - 13
July 19 - 23	August 16 - 20
July 26 - 30	August 23-27

### Programs Offered and Fees

Full Day (9:00 - 3:30)	\$175 per week	\$145 Aug 3-6*
Half Day AM (9:00 - 11:30)	\$85 per week	\$70 Aug 3-6*
Half Day PM (1:00 - 3:30)	\$85 per week	\$70 Aug 3-6*
Pre-Care (8:15 - 9:00)	\$25 per week	\$20 Aug 3-6*
After-Care (3:30 - 5:30)	\$40 per week	\$35 Aug 3-6*

\*Short week due to Civic Holiday

### Terms of Payment

Payments are accepted by cheque only, made out to "Vaughan Co-op Nursery School". Incomplete registration forms and forms returned without payment will not be processed. Registration for up to 4 weeks must be paid by one cheque, at time of registration. The remainder (for those registering for more than 4 weeks) can be paid by cheque post-dated for July 1<sup>st</sup>.

Cancellations will be accepted up to two weeks prior to the commencement of the session for which the child is registered. A fee of \$25 per week, per child will be charged for cancellation. Cancellation within 2 weeks of the start of the child's session will not be refunded. A surcharge of \$25 will be applied for NSF cheques.

Office use only: _____time _____date _____initial
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Questions?

Contact Beth Kwavnick by e-mail [hippocampregistrar@yahoo.ca](mailto:hippocampregistrar@yahoo.ca)

## VAUGHAN CO-OP NURSERY SCHOOL SUMMER CAMP 2010 REGISTRATION INFORMATION

### Parent Volunteers

From time to time, the camp may require some extra help for outings or special events. If you are available, please fill in the form and return with the registration package. You would only be asked to volunteer during the weeks your child is at the camp.

You will be contacted by the Camp Supervisor if you are needed.

Thanks.

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Days available:

	Afternoon	Morning
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Additional Comments:

Questions?

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## VAUGHAN CO-OP NURSERY SCHOOL SUMMER CAMP 2010 REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_

Date of Birth (mm/dd /yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender: \_\_\_\_\_

Age of Child on June 30, 2010: \_\_\_\_\_ years & \_\_\_\_\_ months

Please indicate below programs and weeks requested:

	Pre-care	Half Day AM	Half Day PM	Full Day	After-Care	Fees
July 5-9						
July 12-16						
July 19-23						
July 26-30						
August 3-6*						
August 9-13						
August 16-20						
August 23-27						

\*short week

Total Fees	\$
Amount of payment enclosed Post dated at time of registration	\$
Post dated July 1 <sup>st</sup>	\$

### Programs Offered and Fees

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#### Office Only Use

Cheques Date: \_\_\_\_\_ #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name on cheque: \_\_\_\_\_

Comments:

Questions?

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**VAUGHAN CO-OP NURSERY SCHOOL  
SUMMER CAMP 2010 REGISTRATION INFORMATION**

Child's Name: \_\_\_\_\_

	Parent	Parent
Name of Parents/Guardian		
Address:		
Home Phone:		
Business Phone:		
Cell Phone:		
E-mail address:		

I /we hereby give permission for the above named child's photographic likeness to be used by Vaughan Co-op Nursery School for non-commercial purposes.

Parent/Guardian

Parent/Guardian

\_\_\_\_\_  
date:

\_\_\_\_\_  
date:

On occasion children will be participating in community outings i.e. walks to neighbourhood parks, visits to fire stations. This may involve public transportation. I/we give permission to my child/ren to participate in these outings.

Parent/Guardian

Parent/Guardian

\_\_\_\_\_  
date:

\_\_\_\_\_  
date:

Dismissal Policy:

The Vaughan Co-op Nursery School reserves the right to terminate the registration of any camper if, in the opinion of the Supervisor (in consultation with the Summer Camp Chair), it is in the best interest of the child or the camp. In this situation, the Supervisor will determine if any refund will be given.

Questions?

Contact Beth Kwavnick by e-mail [hippocampregistrar@yahoo.ca](mailto:hippocampregistrar@yahoo.ca)

## EMERGENCY CONTACT FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Health card #: \_\_\_\_\_ Date of birth: mm/dd/yyyy): \_\_\_\_\_

Allergies/Health Problems/Special Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Phone: \_\_\_\_\_

List three emergency contacts in the order they should be contacted in the event that parents/guardians cannot be reached. Please include daytime phone numbers and cell numbers:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_
  
2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_
  
3. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

I/we hereby give our permission for the above-named child to receive emergency medical treatment in the event that I/we cannot be contacted.

Parent/Guardian  
\_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian  
\_\_\_\_\_  
Date: \_\_\_\_\_