



Summer Camp 2018 Registration Form

Jumping Clay Scarborough
1412 Kennedy Rd Unit 1A
Scarborough, ON, M1P 2L7
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PLEASE CHECK THE FOLLOWING SESSIONS THAT YOUR CHILD(REN) WILL BE ATTENDING

- | | | | |
|-----------------------------------------------|------------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> July 3-6 | <input type="checkbox"/> July 9-13 | <input type="checkbox"/> July 16-20 | <input type="checkbox"/> July 23-27 |
| <input type="checkbox"/> July 30 – August 3 | <input type="checkbox"/> August 7-10 | <input type="checkbox"/> August 13-17 | <input type="checkbox"/> August 20-24 |
| <input type="checkbox"/> August 27 – Aug 31 | | | |
| <input type="checkbox"/> Full Day (9am – 4pm) | <input type="checkbox"/> Half Day (9am – 12pm) | <input type="checkbox"/> Half Day (1pm – 4pm) | |

PAYMENT (Total amount due upon registration)

Full Week (5 days): \$300 + HST
Full Week (4 days): \$250 + HST
Full Week (5 Half Days): \$175 + HST

Day Camp: \$ 65 + HST
Half - Day Camp: \$45 + HST

PAYMENT METHODS:

We accept E-Transfer, Cash, Credit, and Debit.

NOTE: We require a \$50.00 deposit to hold your space. The balance is due on the first day of the camp.

CONSENT

I consent for my child(ren) to attend this program. I understand that the program has standards of behaviour and decorum, and that there are expectations and obligations relating to both the program, myself, and my child(ren).

My child(ren) and I agree to abide by any decisions made by Jumping Clay in regard to enrolment.

I give permission to the Jumping Clay Scarborough Summer Camp Program to seek any necessary emergency medical advice or treatment in the event that my child(ren) is/are involved in a serious accident. I expect to be contacted immediately at the provided telephone numbers.

I confirm that the information given on all forms is correct and I agree to notify Jumping Clay staff of any changes in detail.

I understand that the information given on this registration form is confidential.

I have read and accepted the above conditions for my child(ren) attending the Jumping Clay Scarborough Summer Camp Program.

Signature of Parent/Caregiver: _____ Date: _____

Please note: If your child(ren) will be absent please call to notify us. There will be no make-up days for any days missed.

Our Jumping Clay Summer Camp is for kids aged 4 years and up. Full day, half day and before and after care are available (please call or inquire in-store for before and after care arrangements). The program focuses on daily 3-D clay crafting projects, of which some will be taken home on the same day, and a big project that will be worked on throughout the week and taken home by Friday. They will also participate in daily walks and outdoor activities (weather permitting). Full-day camp participants should pack a nut-free lunch daily. Our facility is nut-free in consideration for children with nut allergies. Please notify us if your child(ren) has other food allergies or special needs.

We also provide 10% discount for child(ren) who sign up for multiple sessions or for 2 or more child(ren) from the same household.

We look forward to providing a safe and enjoyable learning environment for your children to spend quality time in the summer. Thank you from your Jumping Clay family!

CHILD(REN)’S INFORMATION

Given Name: **1.** _____ **2.** _____ **3.** _____
Preferred Name: _____
Date of Birth: _____
Age: _____ Age: _____ Age: _____

PARENTS/CAREGIVERS INFORMATION

Relationship to Child(ren): _____
Name: _____ Surname: _____
Home Address: _____
Work Address: _____
Home #: _____ Mobile #: _____
Work #: _____
E-mail: _____

ALTERNATIVE EMERGENCY CONTACT

(Please provide the details of at least one person we can contact if we are not able to get a hold of you).

1. Relationship to Child(ren): _____

Name: _____

Home #: _____

Mobile #: _____

Home Address:

2. Relationship to Child(ren): _____

Name: _____

Home #: _____

Mobile #: _____

Home Address:

INDIVIDUALS AUTHORIZED FOR PICK-UP

Names:

1. _____

2. _____

3. _____

ABOUT YOUR CHILD(REN)

Please write in detail any allergies or medical needs your child(ren) has/have, or any additional important information about your child(ren).
