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|  | *COOL SUMMER CAMP July – August***REGISTRATION FORM**<https://www.coolsummercamp.ca>  | * Brampton East Location
* Brampton West Location Raman Pannu, DirectorPhone : 647-648-0159﻿E-mail: coolsummercamp@hotmail.com
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| **CHILD(REN)’S INFORMATION** | **MEDICAL INFORMATION** |
| 1 | **Child’s Name** |  | **Health Card Number** |  |
| **Gender: M or F** |  | **Family Doctor Name** |  |
| **Grade in September** |  | **Family Doctor Phone** |  |
| **Date of Birth(YYYY-MM-DD)** |  | **Family Doctor Address** |  |
| **Allergies / Puffers / Special Needs / Any Instructions / Comments:** |
|  |
| **CONTACT INFORMATION** |
| **Home Address** |  |
| **Home Phone** |  |
| **Contact**  | **Name** | **Cell or Home** | **Email** |
| **Mother** |  |  |  |
| **Father** |  |  |  |
| **Emergency**  |  |  |  |
| **Relationship** |  |
| **ENROLLMENT FEES INFORMATION** |
| WEEK | START DATE | END DATE | $170/week9am-4pm | Pre-Care7am-9am | Post Care4pm-6pm | Care hours \*If Applicable | COST |
| 1 | July 06 | July 10 |  |  |  |  |
| 2 | July 13 | July 17  |  |  |  |  |
| 3 | July 20 | July 24 |  |  |  |  |
| 4 | July 27 | July 31 |  |  |  |  |
| 5 | August 03 | August 07 |  |  |  |  |
| 6 | August 10 | August 14 |  |  |  |  |
| 7 | August 17 | August 21 |  |  |  |  |
| 8 | August 24 | August 28 |  |  |  |  |
| 9 | August 31 | September 04 |  |  |  |  |
| Total number of weeks  |  |  |  |  |
| Registration Fee $25/child: |  |  |  |  | $25.00 |
| Subtotal: |  |  |  |  |  |
| HST 13%: |  |  |  |  |  |
| Total Fees: |  |  |  |  |  |
| Deposit Made: |  |  |  |  |  |
| Balance Due: |  |  |  |  |  |

**TERMS OF ENROLLMENT:** Due to COVID-19 We accept payments by e-transfer, or direct deposit

 FINAL PAYMENT: June 30th, 2020.

**PHOTO RELEASE FORM:** I hereby authorize Cool Summer Camp for the reproduction or display of my child’s (ren) artwork, photography, film, or audio recording for their current and future use in newsletter, website and advertisement.

**MEDICAL CONSENT STATEMENT:** I authorize Cool Summer Camp to administer first aid to my child(ren) in an emergency as deemed appropriate and release their medical information to the attending physician/hospital.

**CONSENT FORM:** I authorize Cool Summer Camp to take my child(ren) on walking trips to the neighborhood, picnic, parks or other points of interests appropriate to their age group. I agree that the choice to participate in some indoor and outdoor activities brings with it the assumptions of those risks and results, which are part of these activities. I agree that Cool Summer Camp shall not be liable for any injury to my child(ren) or loss or damage to my child(ren)’s personal property arising from, or in any way resulting from my child(ren)’s participation in these activities.

Name of Parent Signature \_ Date