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|  | *COOL SUMMER CAMP July – August***REGISTRATION FORM**[https://www.coolsummercamp.ca](https://www.coolsummercamp.ca/) | * 1000 Central Park Drive Brampton
* 85 Sandalwood Pkwy E BramptonRaman Hundal, 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** |  | **Grade in September** |  |
| **Date of Birth(YYYY-MM-DD)** |  | **Camp T-shirt Size** |  |
| **Allergies / Puffers / Special Needs (ADD,ADHD,PDD,AUTISM)/ 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 | $240/week9am-4pm | Pre-Care7:30-9am ($20) | Post Care4pm-5:30pm ($20) | Comment  |
| 1 | July 03 | July 07 |  |  |  |  |
| 2 | July 10 | July 14  |  |  |  |  |
| 3 | July 17 | July 21 |  |  |  |  |
| 4 | July 24 | July 28 |  |  |  |  |
| 5 | July 31 | August 04 |  |  |  |  |
| 6 | August 08 | August 11 |  |  |  |  |
| 7 | August 14 | August 18 |  |  |  |  |
| 8 | August 21 | August 25 |  |  |  |  |
| 9 | August 28 | September 01 |  |  |  | ONLY CENTRAL PARK LOCATION |
| Total number of weeks  |  |  |  |  |
| Administration Fee $50/child: | $50 |  |  |  |
| 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

**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.

**REFUND POLICY:** All deposits are Non-Refundable as their purpose is to confirm that your child will be attending the summer camp & that a spot will be reserved for them at Cool Summer camp for the above agreed weeks.

**COOL SUMMMER CAMP** reserves the right to dismiss a student if we feel the child is not fully independent (Potty Trained) and requires one-on-one supervision. In this case, any future payments owing will become null & void & the service agreement will be dismissed. CSC will also agree to refund the complete deposit as well as any remaining monthly tuition that may be remaining.

Name of Parent: Signature : Date: