



Child's Full Name: _____

Date of Birth: _____ Age: _____ Present Grade: _____ Sex: M / F
(Month/Day/Year)

Parent / Legal Guardian's Names: _____

Address: _____ (Postal Code)

Telephone: () _____ (Home) () _____ (Emergency)

Child's Health Card #: _____

Child's Doctor: _____ Doctor's Telephone #: () _____

Does the child have allergy? Yes No Allergy: _____

Does the child require an EPI-PEN? Yes No (If yes, it is the responsibility of the Parent/Guardian to ensure that the child has 2 current dated EPI-PEN on premise.)

Does the child have any dietary restrictions? Yes No (If yes, please list all foods the child should not eat for religious or dietary reasons.) _____

List all adults who may pick up your child:

Full Name	Relationship
1.	
2.	
3.	

(Please note that there is a late pick-up charge beyond established hours.)

How did you hear about this camp?

- Saturday School Internet Search Markham Life Ads Friends/ Family
 Playground Others: _____

Registration:

Please check all camp dates and times your child will be attending.

Camp Dates	Full Day	Half Day (AM)	Half Day (PM)	Before (8:30am)	Early (7:30am)	After (5 pm)	Extended (6pm)	Hot Lunch
<input type="checkbox"/> Week 1 (July 6-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 2 (July 13-17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 3 (July 20 -24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 4 (July 27 -31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 5 (Aug 4 -7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 6 (Aug 10-14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 7 (Aug 17 -21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Week 8 (Aug 24-28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Remark: There is a discount if a child enrolls for 5 weeks or more of the Full Day Summer Camp.

****Please review the Camp Reminders. All campers must bring a water bottle, socks, and indoor shoes. Full day campers who are not participating in the Hot Lunch program must bring a packed lunch (no nuts) and two snacks. Half day campers may bring one snack. Sunscreen and hats are recommended.**

Camp Terms, Release and Indemnity Agreement

The undersigned agrees to release and discharge Agape-Charis Learning Centre and Markham Busy Buddies Indoor Playground, its directors, staff, volunteer workers of and from all claims of negligence or otherwise made by or on behalf of the student named above, his or her guardians or their executors, successors, administrators against all claims, demands, judgments and costs in any way arising out of, or relating to the student's participation in the program and further agree that the use of the camp facilities is made at risk of applicant.

In case of a medical emergency, I understand that every effort will be made to contact parent or guardians. In the event I cannot be reached, I give permission for treatment by a physician selected by the camp directors. I authorize the camp to provide the student with routine first aid, parental/guardian authorized medication including, but not limited to, prescription medication, the administration of an epi-pen and/or asthma inhaler. Although every effort will be made to ensure student's safety, I acknowledge that the camp is not free of allergens and my child may inadvertently come into contact with substances that may cause an allergic reaction.

I acknowledge that Agape-Charis Learning Center and Markham Busy Buddies Indoor Playground reserves the right to use my child's name, photograph and or videos containing my child's image for promotional, advertising and/or public relations purposes. Such photographs or name use may be included in the camp's brochures, posters, website, newspaper, magazine and any media forms. I confirm that all photographs and advertising materials taken in the camp shall remain the exclusive property of Agape-Charis Learning Center and Markham Busy Buddies Indoor Playground who shall own all copyright.

I acknowledge that there is a late pick up charge which is applied at the rate of \$1.00 per minute after 12:00 p.m. or at any time that camp staff has to remain beyond established hours to care for a student due to a late pick up. The late pick up charge shall be paid to the staff on duty by cash on the same day.

I also realize that payment of camp fees are due in full upon registration, and that the **Summer camp fee is non-transferable and non-refundable after June 15, 2020** regardless of registration date. There are no refunds for withdrawals or days missed for any reason throughout the Summer Camp.

By signing this Camp Terms, Release and Indemnity Agreement, I indicate that I have read and understood all the terms as listed above. I give consent for my child to participate in the P.A. Day Camp and/or Summer Camp of Agape-Learning Center at the indicated locations and will abide by the terms listed above.

Parent's / Guardian's Signature

Date

Printed Name of Parent/ Guardian

Student's Name

FOR OFFICE USE ONLY

Number of Weeks	Early Bird	Reg		
FULL DAY <3weeks: ____	180	200	Receipt Number :	
FULL DAY > 4 weeks: ____	160	180		
HALF DAY <3 weeks: ____	90	100	Amount paid :	
HALF DAY >4 weeks: ____	60	80	Payment Method:	Cash / Cheque
Before (8:30am): ____	20	20		
Early (7:30am): ____	40	40	Class :	
After (5 pm): ____	25	25		
Extended (6pm): ____	40	40		
Hot Lunch: ____	30	30		