

KINDERCAMP • 83 GREEN LANE, THORNHILL, ON L3T 6K6

Tel: 905-886-0420 • Fax: 905-886-0421

[www.chabadmarkham.org/KinderCamp](http://www.chabadmarkham.org/KinderCamp)

REGISTRATION FORM FOR SUMMER 2018

Admission Date: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's Hebrew name: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_/\_\_\_/\_\_\_

Sex: M / F Home address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_

MOTHER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

FATHER

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Child's Pediatrician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

Allergies or medical problems: \_\_\_\_\_

Any history of communicable disease \_\_\_\_\_

EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Address \_\_\_\_\_

AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP OTHER THAN PARENTS (Please add any additional information to the back of this page):

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

If an emergency arises (G-d forbid) and none of the above telephone numbers can be reached, I hereby give KinderCamp permission to take whatever measures it feels proper for the occasion. I hereby give Torah Tots Pre-School permission to take my children on trips.

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

**REGISTRATION FEE**

To secure your spot, a \$100 non-refundable deposit is required upon registration.

**PAYMENT INFORMATION**

TUITION PER MONTH: \_\_\_\_\_ (Note: Post-dated payments are required for the entire summer for registration to be processed.)

Payable by July 1<sup>st</sup>, 2018:

T-SHIRT FEE: \$10.00 (  Check here if your child will need a KinderCamp t-shirt, mandatory for all camp trips.)

Please include:

- Postdated cheques made to CLOM (Deposit must be current date. Remaining cheques are due 1<sup>st</sup> of every month, beginning July 2018. Trip fee & t-shirt fee should be post-dated for July 1<sup>st</sup>, 2018.)
- Visa/ MasterCard \_\_\_\_\_ exp. \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**FRIENDS**

Please indicate below up to 3 names of friends your child would like to join for camp. Every effort will be made to accommodate such requests:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

To secure your spot, include (if you are on Fee Assistance, only the \$100 Registration Fee is necessary):

- All Forms
- \$100 non-refundable Registration Fee

**Cancellation Policy**

In the event that you need to take your child out in the middle of a school year, we will return all payments scheduled for the month after notice. Please note that the deposit of \$50 will not be returned.

**Child Care Receipts**

You will receive a Child Care Receipt at the end of each tax year in which you made payments.

## Please indicate your program of interest

### Tiny Tots: (18 months – 3 years)

Session 1: Tues. July 3 – Fri. July 27     Session 2: Mon. July 30 – Thurs. Aug 23     Entire Summer

5 day Camp    Mon. – Fri.: 9:00 am – 1:00 pm    \$800.00/month\*    \$850.00/month    \$1400.00\*    \$1550.00

3 day Camp    Mon., Wed. & Fri.: 9:00 am – 1:00 pm    \$495.00/month\*    \$530.00/month    \$930.00\*    \$1015.00

2 day Camp    Tues. & Thurs.: 9:00 am – 1:00 pm    \$360.00/month\*    \$385.00/month    \$680.00\*    \$740.00

### Tiny Tots Extended Program:

Session 1: Tues. July 3 – Fri. July 27     Session 2: Mon. July 30 – Thurs. Aug 23     Entire Summer

5 day Camp    Mon. – Fri.: 9:00 am – 3:30 pm    \$1000.00/month\*    \$1050.00/month    \$1800.00\*    \$1950.00

3 day Camp    Mon., Wed. & Fri.: 9:00 am – 3:30 pm    \$615.00/month\*    \$650.00/month    \$1170.00\*    \$1255.00

2 day Camp    Tues. & Thurs.: 9:00 am – 3:30 pm    \$450.00/month\*    \$475.00/month    \$860.00\*    \$920.00

### Tots & Big Tots: (3 ½ - 6 years)

Session 1: Tues. July 3 – Fri. July 27     Session 2: Mon. July 30 – Thurs. Aug 23     Entire Summer

5 day Camp    Mon. – Fri.: 9:00 am – 3:30 pm    \$1000.00/month\*    \$1050.00/month    \$1800.00\*    \$1950.00

3 day Camp    Mon., Wed. & Fri.: 9:00 am – 3:30 pm    \$615.00/month\*    \$650.00/month    \$1170.00\*    \$1255.00

2 day Camp    Tues. & Thurs.: 9:00 am – 3:30 pm    \$450.00/month\*    \$475.00/month    \$860.00\*    \$920.00

\* This is the early bird pricing for forms received before Friday, March 2<sup>nd</sup>, 2018.

Subsidies: We are registered with York Region for fee assistance. To apply, please call 1-888-703-5437.

FULL PAYMENT FOR CAMP IS DUE NO LATER THAN THE LAST DAY YOUR CHILD IS IN CAMP.  
PRE-PAYMENTS CAN BE SET UP BEGINNING AS EARLY AS JANUARY FOR YOUR CONVENIENCE.

# Immunization record

To be completed by parent **prior** to entry into child care centre.

Name of child care centre \_\_\_\_\_

Child's name \_\_\_\_\_

Ontario Health Card number: \_\_\_\_\_ Birth date: \_\_\_\_\_ sex: \_\_\_\_\_  
yy/mm/dd

Parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone: home: \_\_\_\_\_ business: \_\_\_\_\_

Under the *Day Nurseries Act*, Section 33, "every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health."

Please complete the record below (enclose a copy of the child's immunization record if possible) and **return to the operator of the child care centre, prior to admission.**

Date vaccine given	Diphtheria	Tetanus	Pertussis	Polio	Hib	Pneumo conjugate	Measles, Mumps Rubella	Men C conjugate	Varicella	Hepatitis B

- Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 if:**
- This child needs an exemption from immunization against any disease listed for medical, religious or conscientious reasons, or
  - This child does not have an immunization record, or
  - You have any questions about this form

Collection of this information is authorized under the *Day Nurseries Act*, 1990. This information is used by the Medical Officer of Health to take appropriate action to prevent certain vaccine preventable diseases in York Region. For further details concerning the collection, please contact the Manager of Infectious Diseases Control, Community and Health Services Department at (905) 830-4444 ext. 3578.