

KINDERCAMP • 83 GREEN LANE, THORNHILL, ON L3T 6K6
 Tel: 905-886-0420 • Fax: 905-886-0421
www.chabadmarkham.org/KinderCamp

REGISTRATION FORM FOR SUMMER 2020

(Fill out form completely as per ministry requirements!)

Admission Date: _____ Last Day as Camper: _____
 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.

Parent/Guardian signature: _____ Date: _____

I hereby give KinderCamp permission to take pictures of my child and publish them online.

Parent/Guardian signature: _____ Date: _____

REGISTRATION FEE

To secure your spot, a \$100 non-refundable deposit is required upon registration. This goes towards your total cost.

PAYMENT INFORMATION

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

Payable by July 1st, 2020:

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 1st of every month, beginning July 2020. T-shirt fee should be post-dated for July 1st, 2020.)
- 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:

- Registration Form and Immunization Record
- \$100 non-refundable Registration Fee

Cancellation Policy

We require 2 weeks' notice of camp cancellation (or payment in lieu of) In the event that you need to take your child out in the middle of camp, we will return all payments scheduled less 2 weeks' future cost. Please note that the deposit of \$100 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

GRADE

TODDLER 18 months + (at start of camp)	PRE-NURSERY 24 months + (at start of camp)	NURSERY Entering grade in September 2020	JR KINDERGARTEN Entering grade in September 2020	SR KINDERGARTEN Entering grade in September 2020
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HALF DAY PROGRAM

(Available for Toddler & Pre-Nursery Only)

<input type="checkbox"/> Session 1: Tues. July 7 – Fri. July 31	<input type="checkbox"/> Session 2: Tues. Aug. 4 – Wed. Aug 26	<input type="checkbox"/> Entire Summer
<input type="checkbox"/> 5 day Camp Mon. – Fri.: 9:00 am – 1:00 pm	\$850.00/month*	\$900.00/month
<input type="checkbox"/> 3 day Camp Mon., Wed. & Fri.: 9:00 am – 1:00 pm	\$545.00/month*	\$580.00/month
<input type="checkbox"/> 2 day Camp Tues. & Thurs.: 9:00 am – 1:00 pm	\$410.00/month*	\$435.00/month

FULL DAY PROGRAM

<input type="checkbox"/> Session 1: Tues. July 7 – Fri. July 31	<input type="checkbox"/> Session 2: Tues. Aug. 4 – Wed. Aug 26	<input type="checkbox"/> Entire Summer
<input type="checkbox"/> 5 day Camp Mon. – Fri.: 9:00 am – 3:30 pm	\$1050.00/month*	\$1100.00/month
<input type="checkbox"/> 3 day Camp Mon., Wed. & Fri.: 9:00 am – 3:30 pm	\$665.00/month*	\$700.00/month
<input type="checkbox"/> 2 day Camp Tues. & Thurs.: 9:00 am – 3:30 pm	\$500.00/month*	\$525.00/month

* This is the early bird pricing for forms received before Sunday, March 1st, 2020.

Subsidies: We are registered with York Region for fee assistance. Ages 18 months – 5 years. To apply, please call 1-888-703-5437.

FINAL 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.