



SUMMER CAMP REGISTRATION 2018

Child's Name: _____

DOB: _____ Age: _____ M / F

Parent/Guardian Name: _____

Full Address: _____

Telephone #: _____ Postal Code: _____

Cell #/ Emergency#:: _____

Email address: _____

Medical History (Allergies, Asthma, etc):

Full Day Programs: Ages 5-13 yrs Half Day Programs: Ages 4-13 yrs	Full Day Fees* 9am-4pm	Half Day Fees* 9am-12pm or 1-4pm
1-2 weeks	\$190/wk	\$95/wk
3-5 weeks	\$170/wk	\$85/wk
6-8 weeks	\$155/wk	\$70/wk
9-10 weeks	\$130/wk	\$70/wk
Daily Rates: \$50/Full Day and \$35/Half Day		
*plus annual GO insurance membership fee of \$40 for July 1st 2018-June 30th 2019		
Pre & Post Care available @ \$15 for 30 minutes. Notice must be given at time of registration. Unplanned lateness will be subject to a charge of \$10/5min.		

Wk#	Dates	Pre-Care	Post-Care	1/2 Day	Full Day	Total
1	July 3-6					
2	July 9-13					
3	July 16-20					
4	July 23-27					
5	July 30-Aug 3					
6	Aug 7-10					
7	Aug 13-17					
8	Aug 20-24					
9	Aug 27-31					
Daily Rates: \$50/Full Day \$35/Half Day					Sub Total	
					GO Fee	
					Total	

Please provide your child with healthy snacks and drinks for lunch and breaks. Children need to dress in athletic attire for indoors and have clothing for outdoor activities. Long hair needs to be tied back.

_____ I acknowledge that there is an unplanned late fee of \$10/5min.

_____ I acknowledge that this is a peanut aware and litterless facility as such snacks will be nut free and any garbage will return home.

_____ Signature

GO#: _____