



Appleseed Childcare Centre

Summer Camp Registration Form 2024

Phone: (519) 833-0994

Email: appleseedccc@hotmail.com

Appleseed will be operating a Summer Camp program for the months of July and August 2024.

If you would like to register your child for the Appleseed Summer Camp program this year, please indicate the weeks you will need care for your child. Registration is by the week. There will be no part-week registrations available. A place in the summer camp program will be reserved for your child for that week. You will be billed based on the information given on this form - not on your child's actual attendance. A week's notice will be required for cancellation of care. Cancellations received with less than a week's notice will still require payment.

Please complete this form and return it to Appleseed to reserve your child's spot in Appleseed's Summer Camp program for July and August 2024.

Child's Name	Date of Birth	Child's Gender	Grade In September 2024
--------------	---------------	----------------	-------------------------

Home Address

Mother's Name	Mother's Email
---------------	----------------

Mother's Home Address	Mother's Work Address
-----------------------	-----------------------

Mother's Cell Phone Number	Mother's Work Phone Number	Mother's Home Phone Number
----------------------------	----------------------------	----------------------------

Father's Name	Father's Email
---------------	----------------

Father's Home Address	Father's Work Address
-----------------------	-----------------------

Father's Cell Phone Number	Father's Work Phone Number	Father's Home Phone Number
----------------------------	----------------------------	----------------------------

Local Emergency Contact (other than parent)	Local Emergency Contact Phone Number
---	--------------------------------------

Please list those authorized persons to whom your child may be released

Child's Family Physician	Family Physician's Office Phone Number
--------------------------	--

Family Physician's Office Address

Child's Ontario Health Card Number (optional)

Does your child have any medical conditions or allergies? YES [] NO [] If yes, please explain below.

Does your child have any diagnoses, development concerns, learning disabilities, or behavioral concerns that we should be aware of?

Do both parents have legal custody of the child? YES [] NO [] If no, please provide details and a copy of the court order regarding access.

Program Registration

Please indicate the weeks you will need care for your child for the Summer of 2024. A place in the summer camp program will be reserved for your child for that week. You will be billed based on the information given on this form - not on your child's actual attendance. A week's notice will be required for cancellation. Cancellations received with less than a week's notice will still require payment.

Appleseed Weeks of Summer Camp

<u>Please Check Desired Weeks</u>	<u>Weeks</u>	<u>Dates</u>	<u>Price</u> <small>(Children 6 Years or Older)</small>	<u>Price</u> <small>(Children 5 Years or Younger under CWELCC)</small>
	Week 1	July 2 – July 5 <small>*Closed Monday, July 1st for Canada Day Stat*</small>	\$180.00 per week	\$88.00 per week
	Week 2	July 8 – July 12	\$225.00 per week	\$110.00 per week
	Week 3	July 15 – July 19	\$225.00 per week	\$110.00 per week
	Week 4	July 22 – July 26	\$225.00 per week	\$110.00 per week
	Week 5	July 29 – Aug. 2	\$225.00 per week	\$110.00 per week
	Week 6	Aug. 6 – Aug. 9 <small>*Closed Monday, Aug. 5th for Civic Holiday*</small>	\$180.00 per week	\$88.00 per week
	Week 7	Aug. 12 – Aug. 16	\$225.00 per week	\$110.00 per week
	Week 8	Aug. 19 – Aug. 23	\$225.00 per week	\$110.00 per week
	Week 9	Aug. 26 – Aug. 29 <small>*Closed Friday, Aug. 30th*</small>	\$180.00 per week	\$88.00 per week

Permission for Off Premise Activities

By signing below, I give permission for my child to leave the Appleseed Summer Camp premise for hikes, river studies, and other local excursions under the care of Appleseed staff.

Permission for Emergency Medical Care

By signing below, and in the event of an emergency where my alternate contacts or I cannot be reached, I hereby give Appleseed staff my consent to act as any prudent parent and obtain reasonable medical care for my child.

Signature of Parent

Parent's Name Printed

Date

For Office Use

____ Registered for Requested Weeks

____ In Data Base

____ Added to Lillio Summer Camp Class

____ In Summer Camp Email List