



Grace Christian School – Summer Camp Nursery’s Summer Day Camp 2014 (age 3-6)

A Division of GCGCNY

Child’s Name: _____ M / F Birthday: _____

Address: _____ Postal Code: _____ Phone _____

E-mail: _____ Health Card # : _____ Allergy: _____

Mother’s name: _____ Occupation _____

Bus. #: _____ Cellular #: _____

Father’s name: _____ Occupation _____

Bus. #: _____ Cellular #: _____ How did you hear about us? _____

Fee Schedule & Information:

| Program | Period | Camp Fees | Ext. Hours | Subtotal |
|---------------------|--------------------------|-----------------|---------------|----------|
| Registration | | \$25.00 | | |
| Week 1 | June 30 – July 4 | \$154.40 | \$5.00 | |
| Week 2 | July 7 – July 11 | \$193.00 | \$5.00 | |
| Week 3 | July 14 – July 18 | \$193.00 | \$5.00 | |
| Week 4 | July 21 – July 25 | \$193.00 | \$5.00 | |
| Week 5 | July 28 – Aug 1 | \$193.00 | \$5.00 | |
| Week 6 | Aug 5 – Aug 9 | \$154.40 | \$5.00 | |
| Week 7 | Aug 11 – Aug 15 | \$193.00 | \$5.00 | |
| Week 8 | Aug 18 – Aug 22 | \$193.00 | \$5.00 | |
| Week 9 | Aug 25 – Aug 29 | \$193.00 | \$5.00 | |
| Total | | | | |

Lunch, afternoon snack and field trip fees are included in the tuition.

Field trips information will be sent to you by e-mail in June.

Hours of the camp 8:00am – 5:30pm; extended hours 5:30-6:00pm. If your child is still here at 6:00pm you must notify us and a fee of \$1.00 per minute will be charged after 6:00pm.

If you fail to notify us before 6:00pm Children’s Aid Society will be notified.

Terms of Payment:

Grace Christian School – Summer Day Camp accepts check with current date ONLY for payment of fees. Full payment is required upon registration if register for 4 weeks or less. If register for more than 4 weeks the balance must be paid by June 3, 2014. **Fee is 80% refundable if written cancellation is received before June 3, 2014.** No refund will be given thereafter. **There will be a charge of \$25.00 for each amendment requested if the space is available.** The Camp reserves the right to refund fee and cancel registrations if any of the camp program is over or under subscribed. Any NSF checks will subject to a \$50.00 charge and we will accept cash ONLY for the full amount. Summer Camp Receipts will be mailed out by the end of September.

Parent’s Signature: _____ Date: _____

Office Use Only:

Paid \$ _____ Cash / Check # : _____

Staff Name & Signature: _____ Date: _____



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Release, Indemnity Agreement and Declaration

The undersigned agrees to release and discharge Grace Christian School and Grace Chinese Gospel Church, it’s directors, employees, agents and servants, of and from all claims of negligence or otherwise made by or on behalf of the applicants registered on the registration form, his or her guardians, or their executors, successors, administrator, against all claims, demands, judgments and costs in any way arising out of, or relating to the applicant’s participation in Grace Christian School’s Summer Day Camp program.

Parent / Guardian’s Signature: _____ Date: _____

We, the undersigned represent that all statement made are correct and acknowledge and agree to all terms and conditions of the applications. We further warrant that the applicant is physically capable of participating in the physical activity requested by this application.

Parent / Guardian’s Signature: _____ Date: _____

Authorization

I hereby authorize the GCS – Summer Day Camp to allow and take applicant to participate those outing activities as scheduled during the Camp period.

Parent / Guardian’s Signature: _____ Date: _____

I give permission for the GCS – Summer Day Camp to take pictures or video of my child during the camp. I understand that these images will be the property of the GCS – Summer Day Camp and they may use them for references and promotion of the camp in the future.

I understand that a copy of personal identification (ie: driver licence, passport or citizenship) needs to be surrendered from parents who want to receive these images. And these records will be kept by the camp for possible future references and may be surrendered to the police for investigation.

Parent’s Driver Licence /Passport/Citizenship #: _____

Parent / Guardian’s Signature: _____ Date: _____

Medical Information – This section must be completed

Doctor’s Information:

Emergency Contact (other than parent):

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Address: _____

Relationship: _____

Is there any allergy, medical or special needs information that you would like us to know? If Yes, Please attach the details. YES _____ NO _____

(Please note that Grace Christian School – Summer Day Camp is a Nut Free Zone.)

Address: 201 Tempo Ave. , North York, ON. M2H 2R9

Tel: 416-502-1540 Fax: 416-499-9879

E-mail: gcs@gcgcny.org/summercamp@gcgcny.org