



Grace Christian School of North York

Summer Day Camp 2017

Child's Name: _____ M / F Birthday: _____
Address: _____ Postal Code: _____ Phone: _____
E-mail: _____ Health Card #: _____ Allergy: _____
Grade in Sep. 2017: _____ Language spoken at home: English _____ Mandarin _____ Cantonese _____
Mother's name: _____ Occupation: _____
Bus. #: _____ Cellular #: _____ E-mail: _____
Father's name: _____ Occupation: _____
Bus. #: _____ Cellular #: _____ How did you hear about us? _____

Fee Schedule & Information (Children & LIT):

Code	Date	Camp Fee	Ext. Hours	Child	LIT	Subtotal
Registration		\$25.00				
Week 1	Jul 04 – Jul 07	\$120.00	\$8.00			
Week 2	Jul 10 – Jul 14	\$150.00	\$10.00			
Week 3	Jul 17 – Jul 21	\$150.00	\$10.00			
Week 4	Jul 24 – Jul 28	\$150.00	\$10.00			
Week 5	Jul 31 – Aug 04	\$150.00	\$10.00			
Week 6	Aug 08 – Aug 11	\$120.00	\$8.00			
Week 7	Aug 14 – Aug 18	\$150.00	\$10.00			
Week 8	Aug 21 – Aug 25	\$150.00	\$10.00			

Field trip fees are included in the tuition. Field trips will be confirmed one week before the trip day.

Hours of the camp 8:30am – 4:30pm; Extended Hours: 8:00am – 8:30am and 4:30pm – 6:00pm

If your child is still here at 4:30pm – who did not sign up for ext. hour /OR 6:00pm – with ext. hour, you must notify us and a fee of **\$1.00 per minute will be charged**. If you fail to notify us before 6:00pm CAS will be notified.

Early Bird (before May 31, 17)	Less \$10.00 / Week	
Multiple Weeks	Less \$10.00 / Week from 2 nd week	
Sibling (Name)	Less \$10.00 / Week for the 2 nd child	
	Total Amount:	

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 1, 2017. **Fee is 80% refundable if written cancellation is received before June 5, 2017.** No refund will be given thereafter. **There will be a charge of \$30.00 for each amendment requested if the space is available.** GCS 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 mail 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 of North York and Grace Chinese Gospel Church, its 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.

Parent / Guardian's Signature: _____ Date: _____

I hereby authorize the applicant to walk home by him/herself.

Parent / Guardian's Signature: _____ Date: _____

Or the applicant will be picked up by: _____

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: 416-520-6188, Fax: 416-499-9879

E-mail: summercamp@gcsny.ca