

## Grace Community Services Summer Day Camp 2024

Child's Name:			M	/ F B	Sirthday:	
Address:			Postal Co	ode:	Phon	e
-mail:		Health Card # :		Allergy:		
				English Mandarin Cantonese _		
		ılar #: E-mail:				
Dus.π	Cenular	llular #: How did you hear about us?				
Fee Sched	ule & Information	n Grade JK	(2019) - G6	(2012):		
Code	Date	Camp Fee			Subto	otal
Registration	Waived	<del>\$25.00</del>				
Week 1	Jul 02 – Jul 05	\$136.00				
Week 2	Jul 08 – Jul 12	\$170.00				
Week 3	Jul 15 – Jul 19	\$170.00				
Week 4	Jul 22 – Jul 26	\$170.00				
Week 5	Jul 29 – Aug 02	\$170.00				
Week 6	Aug 06 – Aug 09	\$136.00				
Week 7	Aug 12 – Aug 16	\$170.00				
Week 8	Aug 19 – Aug 23	\$170.00				
Total						
	n camp 8:00am – 5:30p fter 5:30pm at \$1.00 per	_	vater bottle, own lu	nch and	snacks; NO Exte	nded Hour
		Total Amount:				
Full payment is <b>per week for ea</b> cancel registrati	ity Services – Summe required upon registrach amendment required ons if any of the campand we will accept cases	ation. All Fees ested if the spa o program is ov	s <mark>are non – refun</mark> ace is available. ver or under subsc	dable. T GCS restribed. A	There will be a serves the right any NSF checks	charge of \$50.00 to refund fee and swill subject to a
Parent's Signature:		Date:				
Office Use	Only: Paid \$		Cash / Chec	ek#:		
Staff Name & Signature:		Date:				



## **Grace Community Services Summer Day Camp 2024**

## **Release, Indemnity Agreement and Declaration**

The undersigned agrees to release and discharge Grace Community Services and Grace Chinese Gospel Church of North York, 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 Community Services, Summer Day Camp program.

Parent / Guardian's Signature:	Date:
	I conditions of this application. We further warrant that the applicant e physical activity requested by this application.
Parent / Guardian's Signature:	Date:
	Authorization
understand that these images and video wi them for references and promotion of the c GCS website and social media.	Day Camp to take pictures or video of my child during the camp. I ll be the property of the GCS – Summer Day Camp and they may use camp in the future. These images and video will also be posted onDate:
Madical Informa	tion. This spotion must be completed
Doctor's Information:	tion — This section must be completed  Emergency Contact (other than parent):
Name:	Name:
Phone #:	Phone #:
Address:	Relationship:
If Yes,	needs information that you would like us to know? YES / NO

Address: 201 Tempo Ave., North York, ON. M2H 2R9 Tel: 416-520-6188,

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

E-mail: summercamp@gcsny.ca