



## Grace Community Services Summer Day Camp **2022 (JK, SK, G1)**

Child's Name: \_\_\_\_\_ M / F Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Allergy: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation \_\_\_\_\_

Bus. #: \_\_\_\_\_ Cellular #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation \_\_\_\_\_

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

### Fee Schedule & Information:

Program	Date	Camp Fees		Subtotal
<b>Registration</b>	<b>Waived</b>	<b>\$25.00</b>	<b>If register by</b>	<b>May 31, 2021</b>
Week 1	Jul 04 – Jul 08	\$250.00		
Week 2	Jul 11 – Jul 15	\$250.00		
Week 3	Jul 18 – Jul 22	\$250.00		
Week 4	Jul 25 – Jul 29	\$250.00		
Week 5	Aug 02 – Aug 05	\$200.00		
Week 6	Aug 08 – Aug 12	\$250.00		
Week 7	Aug 15 – Aug 19	\$250.00		
Week 8	Aug 22 – Aug 26	\$250.00		
Week 9	Aug 29 – Sep 02	\$250.00		

Virtual field trip fees are included in the tuition.

Hours of in person camp 8:30am – 5:00pm; must bring water bottle, lunch is provided; NO Extended Hour.  
Late Fee apply after 5:00pm at \$1.00 for 1 minute.

	<b>Total Amount:</b>	

### Terms of Payment:

Grace Community Services – Summer Day Camp accepts check with current date ONLY for payment of fees. Full payment is required upon registration. **All Fees are non – refundable. There will be a charge of \$50.00 per week 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 October.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only:

Paid \$ \_\_\_\_\_ Cash / Check # : \_\_\_\_\_

Staff Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Grace Community Services

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### Release, Indemnity Agreement and Declaration

The undersigned agrees to release and discharge Grace Community Services 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 Community Services - 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 give permission for the GCS – Summer Day Camp to take pictures or video of my child during the camp. I understand that these images and video 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. These images and video will also be posted on GCS website and social media.

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 Community Services – Summer Day Camp is a **Nut Free Zone.**)**

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

Tel: 416-502-1540

E-mail: [summercamp@gcgeny.org](mailto:summercamp@gcgeny.org)

[summercamp@gcsny.ca](mailto:summercamp@gcsny.ca)