



親子教育資源中心

Parent Child Resource Centre

Markham East Location: 1 Chatelaine Drive, Markham ON L3S 3S9

2019 Summer Day Camp Registration Form

Last Name: _____ First Name: _____

Date of Birth: _____ (dd / mm / yy) Age: _____ Sex: _____

Address: _____ Postal Code: _____

Tel. (H) _____ E-mail: _____ Fax: _____

Name of Day School: _____ Grade in Sept 2019: _____

To enroll in the Advanced level- please provide the year and location when the participant completed our EQ program: _____

Parent/Guardian Information

	Father	Mother	Emergency Contact
Name			
Tel. (O)			
Tel. (C)			
Religion			--

Medical Information

(1) Health Card Number: _____ Family Doctor & Tel. _____

(2) Allergies: _____ Does the child carry any epi-pen? _____

(3) Is there any medical or special needs information that you would like us to know?

Terms of Payment

Parent Child Resource Centre accepts cash or cheque in payment of fees. Cheque should be made payable to: **Parent Child Resource Centre**. All fees must be paid in full upon registration. Paid fee is 80% refundable if written cancellation is received on or before **June 30, 2019**. No refunds will be given thereafter. There will be a charge of \$10.00 for each amendment requested if the space is available. We reserve the right to refund fee and cancel registrations if any of the camp program is over or under subscribed. Any NSF cheques will subject to a \$25.00 charge and we will accept cash ONLY for the full amount.

Release, Indemnity Agreement and Declaration:

The undersigned agrees to release and discharge Parent Child Resource Centre, its directors, employees, agents and volunteers 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, administrators, against all claims, demands, judgments and costs in any way arising out of, or relating to the applicant's participation in Parent Child Resource Centre's programs and/or activities.

We, the undersigned represent that all statements 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 activity requested by this application.

Parent/Guardian's Signature

Date

Office Use only

Course Name: _____

Total Amount of fee: _____

Paid by cash: _____

Handled by: _____

Paid by cheque: _____

Remarks: _____

Fee:

	Registered before April 30, 2019	Registered after April 30, 2019
Week 1 (4 days)	\$144 + Tax = 162.72	\$ 160 + Tax = 180.80
Week 2-4 (per week)	\$ 180 + Tax = 203.40	\$ 200 + Tax = 226.00

Code	Fee
EQ Week 1 (August 6-9) (4 days)	
EQ Week 2 (August 12-16)	
EQ Week 3 (August 19-23)	
EQ Week 4 (August 26-30)	
Total Cheque	

Optional:

Afternoon Extended Hours 3:30 to 6:00	\$ 8 × _____ days = _____
Meal Plan	\$ 5 × _____ days = _____
Total Cash To be paid on the first day of camp. (Must sign up at the time of registration)	

Remarks:

- To register, please mail completed application form and cheque payable to Parent Child Resource Centre to our mailing address:
PO Box 91075 Bayview Village, Willowdale, ON M2K 2Y6
- Please pay for the extended care fee by cash to the reception on the first day of class.
- Please bring water and pack snacks for recess.
- Please note that refrigerator and microwave are not available.
- Parent Child Resource Centre reserves the right to take photos and videos of all the participants and is authorized to use the reproduction of such photos and videos, for all legitimate purposes, unless otherwise instructed by the parents.
- Students who are enrolled in the meal plan will learn to prepare the food with the teacher and then all students will eat lunch at the same time.