



Le Club Child Care Program

CHILDREN COME FIRST

www.le-club.ca

Summer Camp Registration Form 2023

✓ Please indicate which sessions you would like to sign up for, see Location maps and address on brochure.

AM and PM snack INCLUDED DAILY Hours 7 am - 6 pm	CWELCC Rates for Children Under 6 Years of Age	School-age Rates for Children Over 6 Years of Age	Beynon Fields	Vellore Woods	Redstone	Woodland	Total
*Session 1 July 4-7 (4-day week)	\$94.60	\$208.00					
Session 2 July 10-14	\$118.25	\$260.00					
Session 3 July 17-21	\$118.25	\$260.00					
Session 4 July 24- 28	\$118.25	\$260.00					
Session 5 July 31 – Aug 4	\$118.25	\$260.00					
*Session 6 Aug 8-11 (4-day week)	\$94.60	\$208.00					
Session 7 Aug 14-18	\$118.25	\$260.00					
Session 8 Aug 21-25	\$118.25	\$260.00					

*Subsidized Daily Fee (If Applicable) \$ _____ X _____ #Days	\$ _____
Total Fees Payable	\$ _____

** All subsidized families must include a letter confirming eligibility from York Region or standard camp fees apply **
All Payments must be paid by Cheque and made payable to: "Le Club Child Care Program." Please send completed registration form and payment to 300 John St, Suite # 302 Thornhill, ON L3T 5W4

Informed consent agreement:

- ☐ Programs based strictly on enrolment.
- ☐ In case of emergency, and I am/we are not accessible, I grant permission for the treatment of my child by a physician selected by the staff. I grant permission for my child to participate in ALL Le Club activities and for any supervised off-site trips. I will notify the Le Club of any changes to my file, in writing.
- ☐ I hereby consent to the collection, use and disclosure of my child's information by Le Club for the purpose of providing childcare services to my child enrolled in the program. I understand that Le Club protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation.
- ☐ I hereby give consent to Le Club Child Care Program to take photographs of my child which may be used in future publications, including e-mail distribution specifically associated with Le Club.
- ☐ I understand that the Rules and Regulations of Le Club Summer Camp are designed for the safety and protection of participants and hereby acknowledge that my child will abide by Le Club's established Rules and Regulations.
- ☐ I agree that Le Club and its staff shall not be liable for any injury to my child or loss or damage to my child's personal property unless such injury or loss is caused by SOLE NEGLIGENCE of Le Club and its staff, while acting within the scope of their duties.
- ☐ Part-time requests are subjected to a minimum of 3 days a week commitment.
- ☐ I understand and agree with Le Club's Summer Camp Refund Policy. Refunds are subjected to \$50 per week administration fee. I understand that I will be eligible for Camp fees (less the \$50/week administration fee) provided that 30 days' written notice be given prior to session starts. Refunds will not be issued for cancellations with less than 30 days' notice. I may switch weeks without financial penalty as long as space is available.
- ☐ Enrolment is based on a first come first served basis. You will be contacted if we are unable to accommodate your program request.

Print Child's Name _____ Print Parent Name _____

Parent Signature _____ Date _____



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SUMMER CAMP REGISTRATION FORM 2023

Personal Information

Child's Full Name: _____ Date of Birth: _____

Address (Including Postal Code) _____

Home #: _____

☐ Qualified for Fee Assistance

Parent/Guardian

Full Name _____

☐ (✓) If Address is same as above

Address (Including Postal Code) _____

Employer Name _____

Address (Including Postal Code) _____

Business # _____

Cell # _____

Email _____

Parent/Guardian

Full Name _____

☐ (✓) If Address is same as above

Address (Including Postal Code) _____

Employer Name _____

Address (Including Postal Code) _____

Business # _____

Cell # _____

Email _____

Emergency Contact (other than Parents):

Name: _____ Relationship to Child: _____

Address (Including Postal Code) _____

Home Tel: _____ Work Tel: _____

Authorization to Pick-up

Name: _____ Home #: _____ Work#: _____

Name: _____ Home #: _____ Work#: _____

Allergies or Food Restrictions (Please See Health Form)

Parent/Guardian Signature _____ Date _____



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Summer Camp Health History Form

Child's Name _____ Family Name _____

Date of Birth _____ Age _____ Sex _____

Family Doctor _____ Doctor's Phone # _____

Doctor Address _____

A copy of the immunization record is required for children who have not yet been enrolled in Junior Kindergarten ONLY

Does your child have:

- 1) A condition or behaviour that would require special attention, medication or a special diet? _____

- 2) Allergies (food, medication, etc.)? _____

Please specify symptoms of allergic reaction and any special care needed

- 3) Any dietary restrictions? _____

Please list any communicable diseases your child may have or has had in the past. For example: measles, chicken pox, Hepatitis A, Fifth Disease

Parent/Guardian's Signature _____

Date: _____



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Authorization for Non-Prescription, Over-the-counter Products

Child's Name: _____

Date of Birth (dd/mm/yyyy): _____

The following **non-prescription** items may be applied to my child (please check off):

- ☐ Sunscreen ☐ Diaper cream ☐ Lip balm ☐ Hand sanitizer
- ☐ Insect repellent ☐ Moisturizing skin lotion

[Centre Name] has agreed to provide:	Parent has agreed to provide:	Additional Parent Instructions
Ex. Sunscreen		
Hand sanitizers		

I understand that:

- such items will be stored in accordance with the instructions on the label.
- such containers or packages will be clearly labelled with my child's name and the name of the item.
- such items will be administered to my child only from the original container or package and in accordance with any instructions on the label and any other instructions provided by me or another parent of my child.

Note: Consider adding the brand name of the non-prescription items for transparency.

Date (dd/mm/yyyy) _____

Signature of Parent _____