

**Active Kids
Zone**

Shavuot and End of School Year 2023

where all the fun begins

Family Name:

Email address:

Parent's Information:

Mother's Name:

Work/Cell:

Father's Name:

Work/Cell:

Emergency Contact

Name:

Relation:

Phone Number:

Who should we contact first?? _____

Are you in our Database (attended camp or had a party)? ☐ yes ☐ yes (update needed) ☐ no

If not or your information has changed, please fill in your address below:

Address:

City:

Province:

Postal Code

Waiver

I hereby release Active Kids Zone Inc. from all claims for damage arising from any accident and/or injury which may be caused by or arise from participation of the applicant herein, during any program or in any facility or at any location where a program is held. I understand that any photographs taken during the program(s) will be used solely for advertising purposes and may be posted on our website or other social media. In the event of a suspected or positive case of Covid-19, we will be following the protocol laid out in the Ministry of Health.

Cancellation Policy

A refund will be available should a camper withdraw at least two weeks before the start of the Camp Program, subject to an administrative fee of \$10.00. If a withdrawal occurs less than two weeks prior to the start of the Program no refund will be issued. No refunds will be issued for missed days due to illness or other personal reasons. The Directors of the Camp reserve the right to terminate the registration of any camper if, in their sole discretion, the Directors determine such termination to be in the best interest of the camper or the Camp with no refunds.

Parent/Guardian Signature: _____

Date: _____

Please let us know how you hear about us: ☐ Previous Camp ☐ Parties ☐ Friend
☐ Facebook ☐ Instagram ☐ Google ☐ Other: _____

Please complete the form below

First Child			Second Child			Third Child		
Frist Name:			Frist Name:			Frist Name:		
Sex: DOB: / / Age:			Sex: DOB: / / Age:			Sex: DOB: / / Age:		
Allergies:			Allergies:			Allergies:		
Health Card:			Health Card:			Health Card:		
Group Requests:			Group Requests:			Group Requests:		
Select Week	Food opt	Extra hours	Select Week	Food opt	Extra hours	Select Week	Food opt	Extra hours
<input type="radio"/> SHAVUOT Friday May 26	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up	<input type="radio"/> SHAVUOT Friday May 26	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up	<input type="radio"/> SHAVUOT Friday May 26	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up
<input type="radio"/> Thursday June 29	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up	<input type="radio"/> Thursday June 29	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up	<input type="radio"/> Thursday June 29	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up
<input type="radio"/> Friday June 30	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up	<input type="radio"/> Friday June 30	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up	<input type="radio"/> Friday June 30	<input type="radio"/> Both <input type="radio"/> Lunch <input type="radio"/> Snacks	<input type="radio"/> 8 am drop off <input type="radio"/> 5 pm pick up <input type="radio"/> 6 pm pick up

Camp Fees

Daily- Number of days X # of children x \$71 =

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Method of Payment:
<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Debit
<input type="radio"/> E-transfer <input type="radio"/> Credit Card

Food

of days of Lunch/Snacks X # of children x \$10 =

of days of Lunch X # of children x \$6 =

of days of Snacks X # of children x \$5 =

CC#
Exp: <input type="text"/> CVV: <input type="text"/>

Extended

of days of 1 extra hour X # of children x \$7 =

of days of 2 extra hour X # of children x \$12 =

of days of 3 extra hour X # of children x \$16 =

Authorized Signature:
<input type="text"/>

Total

Email completed form to fun@activekidszone.com

For Office use only

Date Received: _____ Staff Initials: _____ Entered: _____ DB: _____ QB: _____