

Date Received: _

Fall Holiday Camps 2023



Family Name:	Email addres	Email address:				
arent's Information:						
Mother's Name:	Work	:/Cell:				
Father's Name:	Work	Work/Cell:				
mergency Contact						
	ation:	Pl	Phone Number:			
re you in our Database (attended camp or f not or your information has changed, plo Address:	• • • •	•	• • •			
City:	Province:		Postal Code	tal Code		
hereby release Active Kids Zone Inc. from all claims thereby release Active Kids Zone Inc. from all claims thereby release Active Kids Zone Inc. from all claims thereby release from participation of the applicant herein, during understand that any photographs taken during the prebsite or other social media. In the event of a suspection of Health. You can see these procedures as we ancellation Policy refund will be available should a camper withdraw at administrative fee of \$10.00. If a withdrawal occurs be funds will be issued for missed days due to illness or the registration of any camper if, in their soff the camper or the Camp with no refunds. If we are refunds arent/Guardian Signature:	any program or in any program(s) will be used of the case of the c	r facility or a solely for ado of Covid-19, v guidelines on a re the start o ior to start o is. The Directors determined	at any location where a program is held. Idvertising purposes and may be posted on we will be following the protocol laid out in our website. of the Camp Program, subject to an of the Program no refund will be issued. It is considered to the constant of the Camp reserve the right to the such termination to be in the best in	our n the No nterest		
Please let us know how you hear o	about us: □ Pr	evious (Camp □ Parties □ Frier	 nd		
□ Facebook □ Instagram □			•			

Staff Initials: _____ Entered: _

DB:__

Please complete the form below

	First Child			Second Child		Third Child			
	Frist Name:			Frist Name:		Frist Name:			
	Sex: DOE	3: / /	Age:	Sex: DO	3: / /	Age:	Sex: DOE	3: / /	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
1	O Sept 22nd YRDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Sept ^{22nd} YRDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Sept ^{22nd} YRDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up
2	Oct 6th TDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 6 th	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 6 th TDSB	O Both O Lunch O Snacks	S am drop off5 pm pick up6 pm pick up
3	Oct 20th YRDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 20st YRDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 20 st YRDSB	O Both O Lunch O Snacks	S am drop off5 pm pick up6 pm pick up
4	O Oct ^{26th} Bialek	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 26 th Bialek	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 26 th Bialek	O Both O Lunch O Snacks	S am drop off5 pm pick up6 pm pick up
5	Oct 27th Bialek	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 27 th Bialek	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Oct 27 th Bialek	O Both O Lunch O Snacks	S am drop off5 pm pick up6 pm pick up
6	O Nov 17th All Schools	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Nov 17 th All Schools	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	O Nov 17 th All Schools	O Both O Lunch O Snacks	S am drop off5 pm pick up6 pm pick up
7	Dec 8th TDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	Dec 8 th TDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up	Dec 8 th TDSB	O Both O Lunch O Snacks	O 8 am drop off O 5 pm pick up O 6 pm pick up
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Camp Fees Number of days	X# of children	× \$72 =	Method of Payment:
			O Cash O Cheque O Debit
			O E-transfer O Credit Card
Food			
# of Days of Lunch/Snacks	X# of children	x \$10 =	CC#
# of Days Lunch Only	X # of children	x \$6 =	
# of Days Snack Only	X# of children	× \$5 =	Exp: CVV:
Extended			Authorized Signature:
# 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 =	
Email completed form	m to <u>fun@activekidszone.com</u>	Total	