

# Winter Break Camp 2017/2018



Cost: **\$42.00 /day per child**

Date	Hours of Operation	Location
December 25, 2017 – January 1, 2018	<b>Closed</b>	
Tuesday January 2, 2018	7:15am-6:00pm	Johnny Lombardi PS 350 Lawford Rd
Wednesday January 3, 2018	7:15am-6:00pm	Johnny Lombardi PS 350 Lawford Rd
Thursday January 4, 2018	7:15am-6:00pm	Johnny Lombardi PS 350 Lawford Rd
Friday January 5, 2018	7:15am-6:00pm	Johnny Lombardi PS 350 Lawford Rd

**All registrations need to go through the supervisor no later than Friday  
December 4, 2017**

- ✓ **All payment payable to Fun on the Run**
- ✓ **Please check all dates that are needed**

Tuesday Jan 2

Friday Jan 5

Wednesday Jan 3

Thursday Jan 4

Chq# \_\_\_\_\_ Subsidy \_\_\_\_\_

# Winter Break Registration 17/2018

### Child's Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

### Parent/ Guardian Information

Mother Name \_\_\_\_\_ Father Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health History

Is your Child Anaphylactic? YES/NO

Communicable Diseases your child has had: \_\_Chicken Pox \_\_Measles \_\_Mumps \_\_Rubella \_\_Whooping Cough

Other \_\_\_\_\_ Allergies \_\_\_\_\_ Hearing Difficulties \_\_\_\_\_

Sight Difficulties \_\_\_\_\_ Skin Condition \_\_\_\_\_

Special Attention Required: Re: development, behaviour, diet, rest, speech:

\_\_\_\_\_

Is your child under any form of treatment/ Medication for illness of injury? \_\_\_\_\_

Would this problem interfere with his/her participation in the program? \_\_\_\_\_

### Additional People Authorized to Pick Up

Emergency Contact Name

\_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Permission to Pick Up

Name \_\_\_\_\_

Phone \_\_\_\_\_

*I understand that full fees are required for the days I have registered I will not be able to cancel one the payment is received by Fun on the Run there will be a \$25.00 NSF cheques. I grant permission for my child to participate in all Winter Break Camp Programs and activities and for supervised trips to places off site. I have read and understood this form and will notify the Centre of any changes in writing. In case of emergency I grant permission for my child to be taken to hospital and treated by the on duty physician.*

Parent signature \_\_\_\_\_ Name (please print) \_\_\_\_\_

Date: \_\_\_\_\_

Revised Nov 2017