



**AMONG FRIENDS CAMP 2024**  
**Registration Hotline: 905-552-0610**  
**amongfriendsdaycarecentres@hotmail.com**  
**Serving children 3.8-12 years of age**

P.O. Box 1215-Kleinburg, Ontario- L0J 1C0- Phone: 905-552-0610

**PLEASE REGISTER BY FRIDAY APRIL 26<sup>TH</sup>, 2024 TO ENSURE SPACE!**

**Camp is offered from Tuesday July 2, 2024 to Friday August 9, 2024.**

**Government Licensed Program**

**Lead Staff are 18 years of age or older, Qualified Registered Early Childhood Educators or Ministry of Education approved, Criminal Reference checked, First Aid/CPR certified and highly motivated!!**

**WHAT'S HAPPENING**

**We have action packed weeks planned for the children which include animal week, outdoor adventures, sports week, chef week, stem week, nature week, carnivals, water fun, baseball and soccer games, scavenger hunts, arts and crafts, talent shows, karaoke concerts, mini golf and much more!**

**Friday's are Dress up theme days with an optional pizza lunch**

**OUR EXCITING TRIPS**

**Once a week we will have in house entertainer or embark on an exciting out trip adventure.**

|  |  |
|--|--|
| <b>Week 1- PLAYCIOUS - Off Site</b>                | <b>Week 4- REPTILIA- On Site</b>                       |
| <b>Week 2- AIR RIDERZ ADVENTURE PARK -Off Site</b> | <b>Week 5- THE BUBBLE- Off Site</b>                    |
| <b>Week 3- THE BUBBLE- Off Site</b>                | <b>Week 6- SONOMA HEIGHTS COMMUNITY PARK- Off Site</b> |

**Our trips are via "First Student Chartered Bus Company".**

**Trips are weather permitting and above planned activities are subject to change**

**CAMP FEES**

**Our organization has been accepted into the Canada- Wide Early Learning and Child Care System which offers kinder students a reduced rate. Which is reflected in our rate sheet outlined below.**

| St. Mary of the Angels Fees                 | 1 Child   | 2 Children      | 3 Children      |
|---|---|-----------------|-----------------|
| Registration Fee                            | \$35.00 per family                                    |                 |                 |
| School Age Fees                             | \$ 275.00/ week                                       | \$480.00/ week  | \$753.00/ week  |
| Kindergarten Fees                           | \$ 115.76/ week                                       | \$ 231.52/ week | \$ 347.28/ week |
| <b>Week 1 July 2-5 &amp; Week 6 Aug 6-9</b> | <b>School Age Fee \$220.00<br/>Kinder Fee \$92.60</b> |                 |                 |

**Please note we cannot accept partial week registrations.**

**Full Fees are required for May 1<sup>st</sup>, 2024 for Week 1,2,3 and June 1<sup>st</sup>, 2024 for Week 4,5,6,**

**(Camp closed July 1<sup>st</sup>, 2024 and Aug 5<sup>th</sup>, 2024.)**

**\*\*Government Subsidy may be available through York Region Child Care Services\*\***

**CAMP HOURS**

**Program times from 7:00a.m - 6:00p.m. Late fees apply after 6pm.**

**WHAT TO BRING**

**WE ARE A PEANUT (NUT) AND PEANUT BI-PRODUCT FREE ZONE**

**Please provide a bagged lunch for your child/ren daily, we will provide an early morning & afternoon snack. We also ask that your child bring to camp everyday a swim suit, towel, sunscreen, water bottle, proper gym shoes, and hat, so he/she is ready to play! Please do not send your child with toys, tablets, cells etc. from home.**

**AVAILABLE LOCATIONS:**

**St. Mary of the Angels: St. Mary of the Angels Catholic School, 351 Vellore Park Ave. Woodbridge, L4H 0E4 (Major Mackenzie Drive & Weston Road) 905-417-1951**



**Place a check on the weeks your child will be attending.**

July 2-5 \_\_\_\_\_   
  July 8-12 \_\_\_\_\_   
  July 15-19 \_\_\_\_\_  
 July 22-26 \_\_\_\_\_   
  July 29-Aug 2 \_\_\_\_\_   
  Aug 6-9 \_\_\_\_\_

Do you receive fee assistance through York Region? If yes, please indicate your daily rate: \$ \_\_\_\_\_

**IF CHILD IS ENTERING JK, A COPY OF THEIR YELLOW IMMUNIZATION CARD IS NEEDED**

**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_  
**School Student Attends:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Is your child anaphylactic? YES or NO** (If yes, please ensure you obtain a PHOTOCOPY of your child's current allergy form/picture form). Is there anything else we should be aware of your child: (special diet, requires special assistance, allergies):

\_\_\_\_\_

**History of Communicable Diseases:** Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Whooping Cough \_\_\_\_\_

**Other:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Hearing Difficulties:** \_\_\_\_\_ **Sight Difficulties:** \_\_\_\_\_ **Skin Condition:** \_\_\_\_\_

**Is child under any form of treatment/medication for illness or injury?** \_\_\_\_\_

**Would this problem interfere with his/her participation in camp?** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Address if different from child:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Home Address if different from child:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Additional Emergency/ Release Names: (Person to call in an emergency or release child to if parents cannot be reached)**

**#1: Full Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**#2: Full Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

|                         |                                    |              |
|-------------------------|------------------------------------|--------------|
| <b>Parent Signature</b> | <b>Parent Name: (please print)</b> | <b>Date:</b> |
|                         |                                    |              |

## METHOD OF PAYMENT

| St. Mary of the Angels Fees         | 1 Child                                       | 2 Children      | 3 Children      |
|-------------------------------------|---|-----------------|-----------------|
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- **REGISTRATION FEE \$35.00**
- **FEE X HOW MANY WEEKS = TOTAL** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_

**Pizza Nova Lunch: Every Friday** please place an X (Apple Juice will be provided & Chips)

| How Many Slices | 1 - \$3.50 | 2 - \$7.00 | 3 - \$10.50 |
|-----------------|------------|------------|-------------|
| Cheese Pizza    |            |            |             |
| Pepperoni Pizza |            |            |             |

Child Care fees are paid through Pre-Authorized Payment on May 1<sup>st</sup> for Week 1,2,3 and June 1<sup>st</sup> for Week 4,5,6.

**1. Payor Information (Please print clearly)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**2. Bank Account Information (please attach a void cheque) (if you do not have cheques please fill out)**

Payor Account Number: \_\_\_\_\_ Chequing Only \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_ Financial Institution Number: \_\_\_\_\_

Financial Institution: Name: \_\_\_\_\_ Branch Address: \_\_\_\_\_

**Pre-Authorized Debit (PAD) Details**

Please advise head office in writing of any changes which would affect the processing of your Initial payment, i.e. name and address change, change in bank, branch or account number ten (10) days prior to but not including the next debit date. Returned Payment: If a payment does not clear my bank account. I will pay the balance owing plus the applicable service charges. I understand that my child's care could be suspended and an additional set up cost may be charged to reinstate the Pre-Authorized Payment Agreement. All returned payments must be made in the form of a draft or certified cheque with an additional \$20 fee no later than 7 days after the payment is returned. I have read, understand and freely accept the fee and payment information and terms and conditions outlined in this agreement. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpa.ca](http://www.cdnpa.ca).

\_\_\_\_\_  
 Account Holder Name (please print)      Account Holder Signature      Date

\_\_\_\_\_  
 Parent Name (please print)      Parent Signature      Date