

# AMONG FRIENDS CHILD CARE CENTRE

P.O Box 1215, Kleinburg, Ontario, L0J 1C0

<b>SUMMER CAMP (2026) REGISTRATION</b>	Address	Phone Number
St. Mary of the Angels	351 Vellore Park Avenue	905-417-1951
Major Mackenzie Drive & Weston Road	Woodbridge, Ontario L4H 0E4	Hours: 7:00- 6:00 pm

<b>Week 1: June 29- July 3rd 2026</b>	<b>Week 5: July 27<sup>th</sup>- July 31<sup>st</sup> 2026</b>
<b>Week 2: July 6<sup>th</sup>- July 10<sup>th</sup> 2026</b>	<b>Week 6: August 3rd- 7<sup>th</sup> 2026</b>
<b>Week 3: July 13<sup>th</sup>- 17<sup>th</sup> 2026</b>	<b>Week 7: August 10<sup>th</sup>- 14<sup>th</sup> 2026</b>
<b>Week 4: July 20<sup>st</sup>- July 24<sup>th</sup> 2026</b>	<b>Week 8: August 17<sup>th</sup>- 21<sup>st</sup> 2026</b>

**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?** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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

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

**Email Address:** \_\_\_\_\_

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

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**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:** \_\_\_\_\_

Full payment is required for registration, and cancellations are not allowed once submitted. A \$20 fee will apply for NSF cheques. I give permission for my child to participate in all Summer Camp activities, including off site trips, including bus transportation, and neighbourhood walks and visiting the park. I acknowledge this form and will notify the center in writing of any changes. In case of emergency, I consent to my child being taken to the hospital and treated by a doctor. I grant permission for the Operator to collect and share my child's personal information with the Region and its authorized representatives as required.

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

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## SUBWAY ORDER FORM

SUBMIT ONE ORDER FORM PER CHILD

Bread:	Italian Bread
Sauce:	Sub Sauce and Mayonnaise
Toppings: Veggie Sub	Lettuce, Tomatoes, Cucumbers, Green Peppers and Onions
Toppings: Meat Sub	Lettuce, Tomatoes and Cucumbers

6- Inch Sub CHOOSE ONE SUB	Veggie Sub	Turkey Sub	Ham Sub	Cold Cut Sub	TOTAL AMOUNT
Week 1- Monday June 29 <sup>th</sup>					\$ 6.50
Week 2- Monday July 6 <sup>th</sup>					\$ 6.50
Week 3- Monday July 13 <sup>th</sup>					\$ 6.50
Week 4- Monday July 20 <sup>th</sup>					\$ 6.50
Week 5- Monday July 27 <sup>th</sup>					\$ 6.50
Week 6- Monday August 10 <sup>th</sup>					\$ 6.50
Week 7- Monday August 17 <sup>th</sup>					\$ 6.50

**TOTAL AMOUNT:** \_\_\_\_\_

# AMONG FRIENDS

CHILDCARE CENTRE

P.O Box 1215, Kleinburg, Ontario, L0J 1C0



SUBMIT ONE ORDER FORM PER CHILD

	Chicken Fingers & Fries	Kids Pancakes & Breakfast Sausage	Hamburger & French Fries	TOTAL AMOUNT
	\$9.00	\$7.50	\$9.00	
Week 1- Tuesday June 30 <sup>th</sup>				\$ _____
Week 2- Tuesday July 7 <sup>th</sup>				\$ _____
Week 3- Tuesday July 14 <sup>th</sup>				\$ _____
Week 4- Tuesday July 21 <sup>th</sup>				\$ _____
Week 5- Tuesday July 28 <sup>th</sup>				\$ _____
Week 6- Tuesday August 4 <sup>th</sup>				\$ _____
Week 7- Tuesday August 11 <sup>th</sup>				\$ _____
Week 8- Tuesday August 18 <sup>th</sup>				\$ _____

**TOTAL AMOUNT:** \_\_\_\_\_

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## COSTA VERDE ORDER FORM

SUBMIT ONE ORDER FORM PER CHILD

COSTA VERDE IS GLUTEN, NUT AND DAIRY FREE  
CHICKEN IS HIGHEST GRADE. HORMONE, STEROID FREE, GRAIN FED.  
ALWAYS FRESH, NEVER FROZEN, MARINATED THE DAY BEFORE AND THEN FRESHLY GRILLED

	VEGETARIAN/ VEGAN MEAL RICE, POTATOES & STEAM VEGETABLES \$8.00	CHICKEN BREAST MEAL RICE, POTATOES & STEAM VEGETABLES \$8.00
Week 1- Wednesday July 8 <sup>th</sup>		
Week 2: Wednesday July 15 <sup>th</sup>		
Week 3: Wednesday July 22 <sup>th</sup>		
Week 4- Wednesday July 29 <sup>th</sup>		
Week 5- Wednesday August 5 <sup>th</sup>		
Week 6- Wednesday August 12 <sup>th</sup>	CLOSED	CLOSED
Week 7- Wednesday August 19 <sup>th</sup>		

**TOTAL AMOUNT:** \_\_\_\_\_

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# PIZZA NOVA

## PIZZA NOVA ORDER FORM

SUBMIT ONE ORDER FORM PER CHILD  
PIZZA LUNCH COMES WITH A SLICE OF PIZZA, A JUICE BOX, AND A BAG OF CHIPS

	Cheese	Pepperoni	TOTAL AMOUNT
Week 1- Friday July 3 <sup>rd</sup>			5.00 x _____ slices= \$ _____
Week 2- Friday July 10 <sup>th</sup>			5.00 x _____ slices= \$ _____
Week 3- Friday July 17 <sup>th</sup>			5.00 x _____ slices= \$ _____
Week 4- Friday July 24 <sup>th</sup>			5.00 x _____ slices= \$ _____
Week 5- Friday July 31 <sup>st</sup>			5.00 x _____ slices= \$ _____
Week 6- Friday August 7 <sup>th</sup>			5.00 x _____ slices= \$ _____
Week 7- Friday August 14 <sup>th</sup>			5.00 x _____ slices= \$ _____
Week 8- Friday August 21 <sup>st</sup>			5.00 x _____ slices= \$ _____

**TOTAL AMOUNT:** \_\_\_\_\_

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CHILDCARE CENTRE

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## AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS

Throughout camp, there may be non-prescription skin products that you may provide your child with to be administered. By completing this form, you authorize **Among Friends Child Care Centre** educators to support your child in the application of the following items:

- Hand Sanitizers
- Lotions
- Insect Repellent
- Lip Balm
- Sunscreen
- Diaper Cream
- Other (please specify): \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

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

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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I DO NOT provide consent for the authorization of non-prescription skin products on my child.



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**Important Reminder: Waivers Required for Upcoming Off-Site Excursions**

Dear Parent/Guardian,

Please ensure you complete the waivers for the following upcoming off-site excursions. If the waiver is not completed, your child will not be able to participate. The dates and links for each waiver are listed below:

**Playcious:** Thursday, July 2nd, 2026

<https://playcious-vaughan.aluvii.com/employee/Waiver/SignWaiver2?waiverId=2>

**The Bubble Vaughan:** Thursday, July 9th, 2026

<https://waiver2.roller.app/TheBubbleVaughan/home>

**Air Riderz:** Thursday, July 16th, 2026

<https://www.airriderz.com/vaughan/waiver/>

**Treetop Trekking:** Thursday, August 6th, 2026

<https://waiver.roller.app/TreetopTrekkingStouffville/home?ubid=zk6YrmWn50inSKq1Hlf1pQ>

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## METHOD OF PAYMENT

St. Mary of the Angels Fees	1 Child	2 Children	3 Children
School Age Fees	\$ 330.00/ week	\$570.00/ week	\$840.00/ week
Kindergarten Fees <small>accepted into the Canada- Wide Early Learning and Child Care System</small>	\$ 110.00/ week	\$ 220.00/ week	\$ 330.00/ week
Week 1 June 29- Aug 3rd (closed July 1 <sup>st</sup> ) Week 6 Aug 3-7 <sup>th</sup> (Closed August 3rd)	School Age Fee \$264.00 Kinder Fee \$88.00	<b>Child Care Fees: Paid via Pre-Authorized Payment (PAP) on:</b>  -May 1st, 2026: For Week 1, 2, 3, and 4.  -June 1st, 2026: For Week 5, 6, 7, and 8	<b>Other Fees:</b>  Registration Fees: Will be deducted on May 1st, 2026  Hot Lunch Meals: Also deducted on May 1st, 2026

REGISTRATION FEE- SCHOOL AGE STUDENTS ONLY	\$40.00 PER FAMILY
CAMP FEE	\$
PIZZA FEE	\$
SUBWAY FEE	\$
COSTA VERDE FEE	\$
TUBBIES FEE	\$
DO YOU REQUIRE FEE SUBSIDY THROUGH YORK REGION	DAILY RATE: _____

Payor Information (Please print clearly)		
NAME:	POSTAL CODE:	CELL NUMBER:
ADDRESS:	HOME NUMBER:	
CITY/ PROVINCE:	WORK NUMBER:	

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:

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:	ACCOUNT HOLDER SIGNATURE:	DATE:
PARENT NAME:	PARENT SIGNATURE:	DATE:

# AMONG FRIENDS

## CHILDCARE CENTRE

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july 2026

SUN	MON	TUE	WED	THU	FRI	SAT	
Week 1	  First Day of Camp!	WONDERPHIL 	1 	2 	3  	4	
Week 2	5  	6  	7  	8 	9  	10 	11
Week 3	12   CARDIO DRUMMING	13 	14  	15 	16  	17 	18
Week 4	19  	20 	21  	22  	23 	24  	25
Week 5	26  	27 	28  	29  	30 	31  	

# AMONG FRIENDS

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august  
2026

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2 Week 6	3 CLOSED	4 SOCASIZE TUBBIES	5 WATER play day costo verde	6 WREXOP YOGURT	7 WATER play day PIZZA NOVA	8
9 Week 7	10 WATER play day SUBWAY	11 WONDERPHIL TUBBIES	12 WATER play day costo verde	13 Landmark CINEMAS	14 WATER play day PIZZA NOVA	15
16 Week 8	17 WATER play day SUBWAY	18 CARDIO DRUMMING TUBBIES	19 WATER play day costo verde	20 Community Water Park Day	21 Last Day of Camp! PIZZA NOVA	22
23	24	25	26	27	28	29
30	31					



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## Friendly Reminders for Summer Camp

**\*\*Peanut-Free Zone\*\***: We are a **\*\*PEANUT\*\*** (and all other nut) and peanut bi-product free zone.  
Please ensure all food is nut-free.

**\*\*Registration Deadline\*\***: Please **\*\*register by April 30th, 2026\*\*** to ensure your child's spot!

**\*\*Camp Dates\*\***: Camp runs from **\*\*Monday, June 29th, 2026 to Friday, August 21st, 2026\*\***

**\*\*Government Licensed Program\*\***: Our program is fully licensed by the government.

**\*\*Qualified Staff\*\***: Each room will be supervised by a **\*\*Registered Early Childhood Educator\*\*** or a **\*\*Director-approved staff member\*\***. All staff have: - Police Vulnerable Sector Check - Certified First Aid and CPR Level C - Tuberculosis skin test

**\*\*Bus Service\*\***: We use **\*\*First Student Chartered Bus Company\*\*** for transportation.

**\*\*Registration Policy\*\***: Please note, we **\*\*cannot accept partial week registrations\*\***.

### What to Bring to Camp:

**\*\*Lunch\*\***: Please provide a **\*\*bagged lunch\*\*** for your child daily. We will provide morning and afternoon snacks. - **\*\*Daily Essentials\*\***: Swim suit, towel, sunscreen, water bottle, proper gym shoes, and a hat.

**Leave Electronics at Home**: Please **do not send** toys, tablets, cell phones, or other electronics with your child.

Thank you for helping us make this a safe and enjoyable camp experience for everyone!