



AMONG FRIENDS CAMP 2023
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 28TH, 2023 TO ENSURE SPACE!

Camp is offered from Tuesday July 4, 2023 to Friday August 25, 2023.

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 embark on an exciting out trip adventure. Some of the excursions will include: Canada's Wonderland, Indoor Play Lands, the Toronto Zoo, Air Riderz Trampoline Park, Legoland and more!

Trip fees are included in your camp registration (except for Canada's Wonderland)

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	\$30.00 per family		
School Age Fees	\$ 250.00/ week	\$455.00/ week	\$655.00/ week
Kindergarten Fees	\$ 125.00/ week	\$ 250.00/ week	\$ 375.00/ week
Week 1 July 4-7 & Week 6 Aug 8-11	School Age Fee \$200.00 Kinder Fee \$100.00		

Please note we cannot accept partial week registrations.

Full Fees are required for May 1st, 2023 for Week 1,2,3,4 and June 1st, 2023 for Week 5,6,7,8

(Camp closed July 3rd, 2023 and Aug 7th, 2023.)

****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 4-7 _____
 July 10-14 _____
 July 17-21 _____
 July 24-28 _____
 July 31-Aug 4 _____
 Aug 8-11 _____
 Aug 14-18 _____
 Aug 21-25 _____

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:** _____

I understand that full fees are required for the dates in which I registered. I understand I will not be able to cancel once my payment is received by Among Friends. I understand that there will be a \$20.00 charge for all NSF cheques. I grant permission to allow my child to participate in all camp-related walking excursions within the nearby school community and within walking distance of the school. I grant permission for my child to have their picture and work used for documentation, social media outlets, newsletters, bulletin boards and our website. I grant permission for my child to participate in the in-house trips and off-site excursions. 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 the hospital and treated by the on-duty doctor. Full fees will continue to be charged to families in the event of a school strike, power outage, inclement and/or special weather days, staggered entry days, operational needs/reasons, pandemic shutdown, and isolation days. Camp will include students and staff from other schools. Our parent handbook can be found on our website please read it. Please note there will be no extra care for children who do not participate in our trips and no refunds. Parents/guardians are requested to provide peanut/nut free lunches/snacks in a labelled lunch-bag (using freezer/ice packs if applicable for dairy, cold meats, etc.) or thermos type container in order to keep food fresh/cool/warm as required to maintain a safe temperature and nutritional value is maintained. I agree to adhere to the requirements outlined above.

Parent Signature	Parent Name: (please print)	Date:

METHOD OF PAYMENT

FEES INCLUDED: PLEASE CIRCLE – 1 OFF-SITE TRIP / WEEK (WEATHER PERMITTING)

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- **REGISTRATION FEE \$30.00**
- **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 1st for Week 1,2,3,4 and June 1st for Week 5,6,7,8.

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.

 Account Holder Name (please print) Account Holder Signature Date

 Parent Name (please print) Parent Signature Date