



# MARCH BREAK 2024

Monday March 11<sup>th</sup> to Friday March 15<sup>th</sup>, 2024

Program Hours 7:00am – 6:00 pm

THE FOLLOWING LOCATIONS OFFER CARE:

Locations	Address	Phone Number
St. Mary of the Angels	351 Vellore Park Avenue Woodbridge, Ontario L4H 0E4	905-417-1951  Hours: 7:00- 6:00 pm

- Please fill in the registration form and mail in with payment to:
- All Lunches are at an additional charge. Please provide money for lunches with registration package. You will not be able to add your registration package.
- Please ensure that your cheque is dated on February 20<sup>th</sup>, 2024 for the amount outlined below and payable to the March Break Camp your child/ren will be attending.
- Registration is based on full week only.

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

Example: St. Mary's Child Care Centre

**Fees:**

St. Mary of the Angels Fees	1 Child	2 Children	3 Children
School Age Fees	\$ 275.00/ week	\$480.00/ week	\$753.00/ week
Kindergarten Fees	\$ 115.76/ week	\$ 231.52/ week	\$ 347.28/ week

**Brettone Catering Lunch: Tuesday March 12<sup>th</sup>, 2024**

Penne Pasta with Two Meat Balls \$8.00	
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**Pizza Nova Lunch: Friday March 15<sup>th</sup>, 2024** 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			

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

**DEADLINE TO REGISTER: Friday February 16<sup>th</sup>, 2024.**



# MARCH BREAK 2024

**PLEASE COMPLETE ALL INFORMATION IN FULL & SUBMIT ONE PER EACH STUDENT**

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

Location:	St. Mary of the Angels
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March Break Week	Monday March 11 <sup>th</sup>	Tuesday March 12 <sup>th</sup>	Wednesday March 13 <sup>th</sup>	Thursday March 14 <sup>th</sup>	Friday March 15 <sup>th</sup>
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**Student's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Grade:** \_\_\_\_ **D.O.B:** \_\_\_\_\_

**School Student Attends:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

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

**Mother's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

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

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

**Father's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

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

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

**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 what I have registered for. I will not be able to cancel once my registration has been submitted. There is a \$20.00 charge for all NSF cheques. I grant permission to allow my child to participate in all March Break camp programs and activities including the in-house entertainment. 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. The Operator shall have a consent signed by a parent/guardian of an Eligible Child, or by a parent/guardian of a Child for whom the Region has determined the Operator is eligible for Funds, as the case may be, and shall at all times throughout the Term and any Renewal Term maintain an executed consent in which the parent/guardian consents to the Operator's collection of, and/or disclosure to the Region and/or any of its duly authorized representatives, appointees or delegates, any and all personal information relating to such Eligible Child or Child as it concerns this Agreement. The consent shall be in a form acceptable to the Region or in the form provided to the Operator by the Region from time to time.

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

**DEADLINE TO REGISTER: Friday February 16<sup>th</sup>, 2024.**