



**FRIENDS OF MINE 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 28<sup>TH</sup>, 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.**

Barbara Reid Fees	1 Child	2 Children	3 Children
Registration Fee	\$35.00 per family		
School Age Fees	\$ 280.00/ week	\$480.00/ week	\$685.00/ week
Kindergarten Fees	\$ 140.00/ week	\$ 280.00/ week	\$ 420.00/ week
Week 1 July 4-7 & Week 6 Aug 8-11	School Age Fee \$224.00 Kinder Fee \$112.00		

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

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

**(Camp closed July 3<sup>rd</sup>, 2023 and Aug 7<sup>th</sup>, 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:**

**Barbara Reid Child Care Centre: Barbara Reid Public School, 130 Hoover Park Drive, Whitchurch-Stouffville, Ontario, L4A 1S5 905-591-2231**



**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 Friends of Mine. 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.

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

## 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 1<sup>st</sup> for Week 1,2,3,4 and June 1<sup>st</sup> 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](http://www.cdnpa.ca).

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

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