

AMONG FRIENDS CHILD CARE CENTRE

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

SUMMER CAMP (2025) REGISTRATION	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
<input type="checkbox"/>	Week 1: June 30- July 4th, 2025	<input type="checkbox"/>
<input type="checkbox"/>	Week 2: July 7th- July 11th 2025	<input type="checkbox"/>
<input type="checkbox"/>	Week 3: July 14th- 18th 2025	<input type="checkbox"/>
<input type="checkbox"/>	Week 4: July 21st- July 25th 2025	<input type="checkbox"/>
<input type="checkbox"/>	Week 5: July 28th- August 1st 2025	<input type="checkbox"/>
<input type="checkbox"/>	Week 6: August 4th- 8th 2025	<input type="checkbox"/>
<input type="checkbox"/>	Week 7: August 11th- 15th 2025	<input type="checkbox"/>

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:** _____

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. 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.

Parent Signature	Parent Name: (please print)	Date:

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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 4 th			5.00 x _____ slices= \$ _____
Week 2- Friday July 11 th			5.00 x _____ slices= \$ _____
Week 3- Friday July 18 th			5.00 x _____ slices= \$ _____
Week 4- Friday July 25 th			5.00 x _____ slices= \$ _____
Week 5- Friday August 1 st			5.00 x _____ slices= \$ _____
Week 6- Friday August 8 th			5.00 x _____ slices= \$ _____
Week 7- Friday August 15 th			5.00 x _____ slices= \$ _____

TOTAL AMOUNT: _____

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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- Wednesday July 2 th					\$ 6.00
Week 2- Wednesday July 9 th					\$ 6.00
Week 3- Wednesday July 16 th					\$ 6.00
Week 4- Wednesday July 23 th					\$ 6.00
Week 5- Wednesday July 30 th					\$ 6.00
Week 6- Wednesday August 6 th					\$ 6.00
Week 7- Wednesday August 13 th					\$ 6.00

TOTAL AMOUNT: _____

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CHILDCARE CENTRE

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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- Monday June 30 th		
Week 2: Monday July 7 th		
Week 3: Monday July 14 th		
Week 4- Monday July 21 st		
Week 5- Monday July 28 th		
Week 6- Monday August 4 th	CLOSED	CLOSED
Week 7- Monday August 11 th		

TOTAL AMOUNT: _____

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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: _____

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:

<p>Playcious: Thursday, July 3rd, 2025</p> <p>https://playcious-vaughan.aluvii.com/employee/Waiver/SignWaiver2?waiverId=2</p>
<p>Air Riderz: Thursday, July 10th, 2025</p> <p>https://www.airriderz.com/vaughan/waiver/</p>
<p>The Bubble Vaughan: Thursday, July 17th, 2025</p> <p>https://waiver2.roller.app/TheBubbleVaughan/home</p>
<p>Treetop Trekking: Friday, August 8th, 2025</p> <p>https://waiver.roller.app/TreetopTrekkingStouffville/home?ubid=zk6YrmWn50inSKq1Hlf1pQ</p>

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METHOD OF PAYMENT

St. Mary of the Angels Fees	1 Child	2 Children	3 Children
School Age Fees	\$ 300.00/ week	\$540.00/ week	\$810.00/ 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 30- Aug 4th (closed July 1 st) Week 6 Aug 4-8 th (Closed August 4 th)	School Age Fee \$240.00 Kinder Fee \$88.00	Child Care Fees: Paid via Pre-Authorized Payment (PAP) on: -May 1st, 2025: For Week 1, 2, 3, and 4. -June 1st, 2025: For Week 5, 6, and 7.	Other Fees: Registration Fees: Will be deducted on May 1st, 2025. Hot Lunch Meals: Also deducted on May 1st, 2025

REGISTRATION FEE	\$40.00 PER FAMILY
CAMP FEE	\$
PIZZA FEE	\$
SUBWAY FEE	\$
COSTA VERDE 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.

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















AMONG FRIENDS

CHILDCARE CENTRE

july 2025

SUN	MON	TUE	WED	THU	FRI	SAT
Week 1	First Day of Camp! 				 	
Week 2					 	
Week 3					 	
Week 4					 	
						

august 2025

SUN	MON	TUE	WED	THU	FRI	SAT
					 	
Week 6		 				
Week 7				 Community Water Park Day	Last Day of Camp!  	

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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 Friday, April 25th, 2025**** to ensure your child's spot!

****Camp Dates****: Camp runs from ****Monday, June 30th, 2025 to Friday, August 15th, 2025****

****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!