



2019 FDK Summer Camp Registration Form



Campers must have completed JK at the time of registration.

CAMPERS INFO

First Name:	Last Name:	DOB: day	month	year	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Address:				Home Phone:	
City	Postal code	Please select camp location:			
		CTK <input type="checkbox"/>	St. Monica <input type="checkbox"/>	Carnegie <input type="checkbox"/>	Black Walnut <input type="checkbox"/>

PARENT INFO

Please check which billing sponsor (parent) tax receipt should be issued to

Parent/Guardian #1 <input type="checkbox"/>	Parent/Guardian # 2 <input type="checkbox"/>
Name: _____	Name: _____
Work address: _____	Work address: _____
_____	_____
Work # _____ Cell # _____	Work # _____ Cell # _____
Email: _____	Email: _____

EMERGENCY CONTACT

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____ Alternate: _____	Phone: _____ Alternate: _____

AUTHORIZED PICK UP

Name: _____	Name: _____
Phone # _____ Alternate # _____	Phone # _____ Alternate # _____

Doctor Name: _____ Phone #: _____

Address: _____ City: _____

Has your child had any of the communicable disease YES NO if yes, please indicate _____

If your child becomes ill with any of the following communicable diseases, please keep your child at home.

➤ Pink Eye Impetigo Strep Throat Scarlet Fever Chickenpox Fifth Disease Whooping Cough
Gastrointestinal (i.e. Norwalk virus)

Kids Connection camp.....let your summer camp adventure begin with us☺

MEDICAL INFO

Does the camper have any medical condition or life threatening allergy or allergies you would like us to know?

YES NO if yes, please indicate

Does your child use an Auto Injector: YES NO If yes does he/she carry their own Auto Injector YES NO

If yes, please complete and submit the Individual Anaphylaxis Plan Form. Completed forms must be signed by your child's doctor and submit along with registration form prior to camp. You are required to attend our camp orientation in order to train staff on how to administer child epinephrine auto-injector.

BAGGED LUNCH POLICY & CAMP AUTHORIZATION

I have read the Bagged Lunch Policy and will adhere to the policy.

I give permission for my child to go to parks in the neighbourhood, trips and alternate trips by chartered school bus and accompanied by camp staff. In case of emergency and I/we are not able to be reached, I grant permission for treatment of my child by a physician selected by the program administration.

Parent Signature _____ Date _____

CAMP SELECTION

TRIPS/ SPECIAL EVENTS

Weeks of	FT	Care needed PT (please circle one)	Special Events	Trips
Jul. 1 st -5 th	5 days	3days MWF or 2days TTH	In House Little Kickers	
Jul. 8 th - 12 th	5 days	3days MWF or 2days TTH	In House Monkeynastix	Local Splash Pad- 9 th Lake Wilcox- 12 th
Jul. 15 th - 19 th	5 days	3days MWF or 2days TTH	In House Little Kickers	Local Splash Pad- 16 th Toronto Zoo- 19 th
Jul. 22 nd - 26 th	5 days	3days MWF or 2days TTH	In House Culture Shock	Local Splash Pad- 23 rd Tree Walk Village- 26 th * Waiver Required
Jul. 29th - Aug. 2nd	5 days	3days MWF or 2days TTH		Local Splash Pad- 30 th Laugh Out Loud Indoor Playground- 1 st
Aug. 5th - 9th	5 days	3days MWF or 2days TTH	In House Chamelea Science	BBQ at Richmond Green-9 th
Aug. 12th - 16th	5 days	3days MWF or 2days TTH	In House Monkeynastix	Local Splash Pad- 13 th Cedar Park - 16 th
Aug. 19th - 23rd	5 days	3days MWF or 2days TTH	In House Culture Shock	Carnival at STM - 23 rd
*Aug. 26th - 29th	4 days		In House Splash Day Mini Circuit	

PAYMENT INFO

Weekly fees \$246 and Daily rate \$52

Summer camp fees must be paid by chq/money order. **Chq payable to KCCE. A \$25 non-refundable** registration is due with camp registration. Camp registration confirmation will be emailed prior to camp starting July 2nd. **July fees are due on June 28th & August fees are due on July 29th.** Cancellation or changes to camp weeks requires a minimum of two weeks' written notice and is subject to availability. No refund for sick or missed days and **full fees are due for Statutory Holidays** (including part time care). **Closed for July 1st, August 5th and *August 30th.** (Daily rates apply to the last week of camp only.)

OFFICE USE ONLY

Registration fee \$ _____ Chq # _____ July fees \$ _____ Chq# _____ August \$ _____ Chq# _____

CENTRE: _____ **SUBSIDY:** YES/NO **CSR:** _____ **ALLERGY:** _____