

DATE RECEIVED

kidZsummerCamps Registration 2017

A Branch of the Chemainus Crofton Community Schools' Association

Hours: 9:00 am-3:00 pm. Early Drop Off/Late Pick Up Hours: 7:30-9:00 am and 3:00-5:00 pm.



Note: Please fill out a registration form for **each** participant.

PARTICIPANT

Camper: _____ Gender: M F Date of Birth: _____ Age: _____

School: _____ Grade (in Sept. 2017): _____ Home #: _____ Care Card #: _____

Other Info? ex. Medical, allergies, custody, behaviours, in school support (If your child works with a full or part time EA in school, they will need the same care in camp. Please arrange a discussion with us! We will help as best we can.)

PARENT / GUARDIAN

Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Home & Mailing Address: _____

City: _____ Postal Code: _____ Email: _____

All camps are for children who have completed Kindergarten through to those who are entering Grade 8.

Week 1: July 4-July 7 Tues-Fri 9:00-3:00 \$110.00

Amazing Canadian Race!

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Week 3: July 17-21 Mon-Fri 9:00-3:00 \$120.00

Entering Narnia

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Week 5: July 31-August 4 Mon-Fri 9:00-3:00 \$120.00

CAMPERS UNITE!

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Week 7: August 14-18 Mon-Fri 9:00-3:00 \$120.00

Wizarding World of Muggles and Magic

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Family Potluck Barbeque Mon August 21 5-7 PM

Week 2: July 10-14 Mon-Fri 9:00-3:00 \$120.00

Makers and Mincrafters

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Week 4: July 24-28 Mon-Fri 9:00-3:00 \$140.00

fineartZcamp In Chemainus

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Week 6: August 8-11 Tues-Fri 9:00-3:00 \$120.00

KIDZ COOK REAL FOOD!

Early Drop Off/Late Pick Up Hours:

7:30 AM \$8.day or 8:00 AM \$5. Day

Days Requested

3-4:00 PM \$5. day 3-4:30 PM \$8 day 3-5:00 PM \$10.day

Days Requested

Camp space is limited and full payment OR a deposit with a signed payment plan is required to confirm registration. Space is reserved on a first come first served basis. We also have full or partial sponsorship available; just ask! If you drop your child off before 8:50, or pick them up after 3:05, you will automatically be invoiced for camp supervision as this is prep time for our leaders.

*A refund minus a \$15 administration fee will be given if notice is received **1 week prior** to the first day of camp. This is usually the MONDAY before your child's camp week. Thanks.*

kidZsummerCamps at Chemainus Elementary Community School
Waiver/Release Form & Emergency Contact Information 2017



For Camper: _____

The following are the only people that can pick up your child from camp:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

If anyone else arrives to pick up your child, you will be contacted to gain verbal permission. If you know in advance that someone else will be picking them up, please send a note with the child saying who they will be leaving with.

My child has permission to walk to/from camp on the following days (Initial each day they will be walking home):

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Emergency Contact Names and Numbers:

Another Parent/Guardian: _____ Daytime #: _____ Cell #: _____

Other Contact person: _____ Daytime #: _____ Cell #: _____

Special Needs: Please list any special needs, allergies, medical conditions, behavior concerns, supported care in school or medicines we should be aware of to best care for your child:

RELEASE ITEMS (By signing below you are giving your consent to/acknowledging your awareness of the following):

Awareness of Liability Disclaimer: The Chemainus Community Schools' Association and School District #79 are not liable for any injury or mishap sustained during any camp activities. I hereby release the CCSA Chemainus Community Schools' Association and the School District #79, Cowichan Valley, and waive any and all claims I may have against, and release from all liability and agree not to sue the boards, their officers, employees, agents, volunteers and representatives for any personal injury, death, property damage or loss sustained and resulting from participation in this program.

Agreement to Accept First Aid Treatment: If an emergency should occur this form gives camp instructors permission to administer first aid and/or use your child's medical number if necessary.

Agreement to Accept Transportation: Gives permission for your child to walk or be driven to other venues being used during camp time (ex. hikes) by a camp leader, in their car or on the CCSA bus with a CCSA bus driver. If your child requires a booster for car travel, please let us know. We have some booster seats available.

Yes, my child needs a booster seat when driving in a car.

Consent for taking Photographs: Gives CCSA permission to take and use photographs including your child for 1) safety and projects in-camp use and promotional use (advertising) 2) hard copy, newspaper and flyers 3) website and 4) social media. There is no compensation for this use. If you do not wish your child's photograph to be used in one or more of the categories, please explain your exclusions below. If you do not specify, then we will assume we have permission to use your child's photo. Please explain limitations in photo use here:

Parent/Guardian or Rep **Printed Name(s)**

Parent/Guardian or Rep **Signature**

Date