Registration Form (continued)

Method of Payment

Payments can be made by *cash* or *cheque* to **Creative Crew Camp**.

*Full payment is due upon registration.

Register for a full week before Thursday, May 16, 2024 and receive an Early Bird Discount of 10%.

TERMS OF AGREEMENT

A) I/We agree to allow my child(ren) to participate in all programme activities.
B) I/We agree to release and indemnify Mentor College and Creative Crew Camp from any and all claims for damages arising as a result of accident, injury, or otherwise sustained by the herein named child(ren), arising from participation in any programme activities.

C) I/We give permission to the staff of Creative Crew Camp to seek medical assistance and treatment for my child(ren) in the event of an emergency, if parent or emergency designate cannot be contacted.

D) I/We understand that Creative Crew Camp does not accept the responsibility for damage to, or loss of, personal belongings during the programme.

E) I/We understand that there is a late pick-up fee and agree to pay the staff member(s) who stay late with your child(ren) as follows: \$10 for any part of each fifteen minute interval after 4:00pm will be charged at the time of pickup. The charge will be per family not per child.

F) I/We understand that a programme director has the right to terminate the registration of any participant when it is deemed by a programme director to be in the best interests of the child(ren), or the programme.

I/We have read, and understand all the information in this registration package, including the terms of agreement above, and agree to abide by the conditions outlined.

Parent or Guardian Signature:

creative crew camp

Arts & crafts, computers, dance, Baking, collaborative games



Monday, June 17, 2024 - Friday, June 28, 2024

Directors: Sandra Clifton & Mel Gangji Contact: creativecrewcamp@gmail.com (416) 464-6044

> Mentor College Primary Campus 56 Cayuga Ave, Mississauga, ON, L56 389

Date:

 Collaborative Games – Organized activities that are age and developmentally appropriate; focusing on the social aspect of games/sports in small and large groups. Computers – Children will enjoy games and Internet activities on the computer. Children will be using age-appropriate software to complete a variety of activities. Dance – Children will explore fun and vibrant hip-hop dance moves while exploring freestyle movements. Arts & Crafts – Creative and exciting art projects will be explored using a variety of materials throughout the week. Baking – Children will bake a delicious treat once a week to encourage adventurous eating! 			Registration for Crea
			Family Information:
			Name:
			Date of Birth: Day Month
			Address of Parent/Guardian:
			Street:
			Province:
			Phone:
LEVEL:	JK to Grade 4		E-mail contact:
SESSION DATE	S: June 17, 2024 - June 28, 2024		Parent:Daytime
HOURS:	9:00 a.m. to 3:00 p.m. (extended supervision option - 8:00am-4:00pm)		Parent:Daytime
			Emergency Contact: (if parents are not av
LOCATION:	Mentor College Primary Campus (56 Cayuga Ave, Mississauga, ON, L5G 3S9)		Name:I
			Phone:
MATERIALS:	Students will be required to bring:		Health Information:
	 lunch & snacks water bottle 		Health Card Number:
3. running shoes for gym/outdoor COST:		hing for recess	Allergies/Health Concerns:
			Doctor's Name:
**Please	circle the one that applies to you		Phone:
9am to 3pm Monday-Friday		\$350.00	Sessions:
9am to 3pm Monday-Friday (Early Bird Discount – 10%)		\$315.00	Please Check FULL* Week 1 - Monday, Jun
-		\$350.00	Week 2 - Monday, June 24 to F
8 am to 4pm Monday-Friday ** <u>Extended Hours</u>		+ \$100.00	 o regular session (9:00am - 3:0 o extended hours (8:00am - 4:
8 am to 4pm Monday~Friday ** <u><i>Extended Hours</i></u> (Early Bird Discount – 10%)		\$405.00	Week 1 Drop-in □ Monday
Daily Rate 9am to 3pm		\$80.00	□ Tuesday □ Wednesday
Daily Rate 8am to 4pm ** <u>Extended Hours</u>		\$100.00	□ Thursday □ Friday

ative Crew Camp

Family Information:		
Name:		
Date of Birth: Day Month	Year	
Address of Parent/Guardian:		
Street:	City:	
Province:	Postal Code:	
Phone:	Cell Phone:	
E-mail contact:		
Parent:Daytin	ne Phone:	
Parent:Daytir	ne Phone:	
Emergency Contact: (if parents are no	t available)	
Name:	_Relationship to Child:	
Phone:		
Health Information:		
Health Card Number:		
Allergies/Health Concerns:		
Doctor's Name:		
Phone:		
Sessions:		
Please Check *FULL* Week 1 - Monday 	Len - 17 4 - Faillen - Len - 21	
 FULL Week 1 - Monday, Week 2 - Monday, June 24 t 	•	
O regular session (9:00am –	•	
O extended hours (8:00am –	- ·	
Week 1 Drop-in	Week 2 Drop-in	
\Box Monday	□ Monday	
\Box Tuesday	\Box Tuesday	
□ Wednesday	□ Wednesday	
\Box Thursday	\Box Thursday	
🗆 Friday	□ Friday	
o regular session (9:00am – 3:00pm	n) O regular session (9:00am – 3:00pm)	

- O extended hours (8:00am 4:00pm)
- o extended hours (8:00am 4:00pm)