



After-school & JK / SK PA Day's & Camp Enrollment

Child's Name _____

Age _____

Birthday _____

Address _____

Postal Code _____

Contact Info:

Parent/Guardian 1:

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Address Work _____

E-mail _____

Parent/Guardian 2:

Name _____

Home Phone _____

Cell Phone _____

Work Phone _____

Address Work _____

E-mail _____

Emergency Contact 1:

Name _____

Phone _____

Emergency Contact 1:

Name _____

Phone _____

Physician:

Name _____

Phone _____

Address _____

Email _____

Office Use Only

Enrolment Start Day: _____

Enrolment End Day: _____

Other: _____



After-School & JK / SK PA DAYS

PA Days 2016/2017 (9:00 am – 5:00 pm)

- October 07th, 2016
- November 18th, 2016
- December 02nd, 2016
- January 20th, 2017
- February 17th, 2017
- June 09th, 2017
- June 30th, 2017

Students in our after-school program: \$ 50 /day includes snack

All other participants: \$70 /day includes snack

Additional \$10 per day charge for extended hours: 8:00 am to 9:00 am or \$ 40 per week

Additional \$10 per day charge for extended hours: 5:00 pm to 6:00 pm or \$ 40 per week

Play Loft Camps

- Part-Time (9:00 am – 12:00 pm)
- Full-Time (9:00 am – 4:00 pm)

Christmas Camp (December 26th – December 30th 2016)

Monday	Tuesday	Wednesday	Thursday	Friday
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March Break Camp (March 13th – March 17th 2017)

Monday	Tuesday	Wednesday	Thursday	Friday
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Students in our after-school program: \$50 /day includes snack

All other participants: \$70 /day includes snack

Additional \$10 per day charge for extended hours: 8:00 am to 9:00 am or \$ 40 per week

Additional \$10 per day charge for extended hours: 4:00 pm to 5:00 pm or \$ 40 per week

5:00 pm to 6:00 pm or \$ 80 per week



Your Child's Health

Is your child anaphylactic? *(Please Circle)* YES NO

Do they have an auto-injector *(Please Circle)* YES NO

Are you concerned that your child may be prone to any type of allergies? *Please describe*

Does your child have any medical conditions of which we should be made aware?

Has your child had the following common childhood illnesses? *(Please Circle)*

Does your child have problems with any of these?

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Skin Rash

Has your child had any of these diseases?

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Mumps
- Measles

Does your child have any speech, hearing or visual problems?

Would there be any restriction to play or activities?

Are there any food restrictions?

What language(s) are spoken at home?

Are there any other comments or information you would like to let us know about?
