



<b>Please Check ( ✓ ) Which Location And Age Group Your Child Will Be Attending</b>				
<b>Location</b>	<b>Kinder Camp 4 – 6 years (already in JK or SK)</b>	<b>Adventure Camp 7 – 9 years</b>	<b>Camp Extreme 10 – 12 years</b>	<b>Leader in Training 13+ years</b>
<b>Hamilton East</b> Delta United Church 47 Ottawa St. S.	<b>Not available at this location.</b>			
<b>Burlington</b> C.H. Norton School 2120 Cleaver Ave.				
<b>Stoney Creek</b> Saltfleet Secondary School 108 Highland Rd.				
<b>Dundas</b> Knox Presbyterian Church 23 Melville St.				
<b>Hamilton Mountain West</b> R.A. Riddell School 200 Cranbrook St.				
<b>Hamilton Mountain East</b> Eastmount Park School 155 East 26 <sup>th</sup> St.				

**Please Check ( ✓ ) The Dates Your Child Will Be Attending**

Please request **ONLY** the dates you need, as you must pay for all dates confirmed by Today's Family.  
There can be **NO** changes made to schedules or billing after enrollment has been confirmed by Today's Family.

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>July 1 – July 2</b>				<b>Statutory Holiday -Program closed</b>	
<b>July 5 – 9</b>					
<b>July 12 – 16</b>					
<b>July 19 – 23</b>					
<b>July 26 – 30</b>					
<b>August 2 – 6</b>	<b>Statutory Holiday -Program closed</b>				
<b>August 9 – 13</b>					
<b>August 16 – 20</b>					
<b>August 23 – 27</b>					
<b>August 30 – September 3</b>					

**If your child is enrolled for the week before and the week after the statutory holiday, you will be billed for the holiday.**

- Fee Paying
- Subsidized Contribution Rate: \$\_\_\_\_\_ per day (copy of subsidy authorization **must** be attached)

### Parent or Guardian Information

**Please print.**

#### Mother or Guardian

First Name:	Last Name:	Address (if different than child):	Home Phone Number: (    )
Employer:	Employer Address:	Employer Phone Number: (    )	Cell Phone Number: (    )

#### Father or Guardian

First Name:	Last Name:	Address (if different than child):	Home Phone Number: (    )
Employer:	Employer Address:	Employer Phone Number: (    )	Cell Phone Number: (    )

### Emergency Information

Please fill out the names of two people who we can contact in the event of an emergency and the parents are not available.

Name of local friend or relative (not living at same address):	Relationship to Child:	Home Phone Number: (    )	Business Phone Number: (    )
Name of local friend or relative (not living at same address):	Relationship to Child:	Home Phone Number: (    )	Business Phone Number: (    )

### Persons Authorized To Pick Up Child(ren)

**The following person(s), other than the parent(s) are authorized to pick up child(ren):**

Name:	Relationship to Child:	Home Phone Number: (    )	Business Phone Number: (    )
Name:	Relationship to Child:	Home Phone Number: (    )	Business Phone Number: (    )

### Other Information

I am aware that the children go on weekly excursions and daily outings such as community parks. I give my permission for my child to attend excursions under the supervision of Today's Family Staff. I understand that most excursions will involve transportation by school or city bus.

Parent/Guardian Signature:

On occasion, pictures may be taken of the campers in the program. Please check yes or no as to whether these pictures can be used for Today's Family advertising.

Yes    No

## Payment Information

**You will be contacted by Today's Family to let you know which of the requested days are available.**

**At that time you will be notified of the amount that must be paid in order to complete your camp registration, along with your payment options.**

**You will receive confirmation of your child's enrollment in camp and the days for which enrolled after we have received all of the following items:**

- **Fully completed Registration form**
- **Copy of Subsidy Authorization for Today's Family Camp (if subsidized)**
- **Payment (as per instructions given by Today's Family)**

**Daily Rates:**

Kinder Camp (ages 4 - 6)	\$33.70
Adventure Camp (ages 7 - 9)	\$32.65
Camp Extreme (ages 10 - 12)	\$32.65
Leader in Training (ages 13 - 16)	\$ 8.50

**Subsidy:**

If you are receiving subsidy a copy of your Subsidy Authorization for Today's Family Camp **must** be attached.

Parent Contribution \$ \_\_\_\_\_

A one-time \$25 registration fee must be submitted with this camp registration for **new customers** only (unless Subsidy Authorization is attached).

**All NSF payments will be subject to a \$25.00 administration fee.**

I have read and understood all information about camp and the payment process and agree that all information is correct.

Signature of parent Guardian : \_\_\_\_\_

Date: \_\_\_\_\_