

Please note:

If your child(ren) is registered for both the a.m. and p.m. during half-day weeks, you will be charged the price of a full camp day.

Week 1:	<input type="checkbox"/>	# of Children: _____	Cost \$75.00	Total:
Week 2:	<input type="checkbox"/>	# of Children: _____	Cost \$95.00	Total:
Week 3 AM:	<input type="checkbox"/>	# of Children: _____	Cost \$35.00	Total:
Week 3 PM:	<input type="checkbox"/>	# of Children: _____	Cost \$35.00	Total:
<small>If your child is registered for morning & afternoon, you will be charged a full day (\$95)</small>				
Week 4:	<input type="checkbox"/>	# of Children: _____	Cost \$95.00	Total:
Week 5 AM:	<input type="checkbox"/>	# of Children: _____	Cost \$35.00	Total:
Week 5 PM:	<input type="checkbox"/>	# of Children: _____	Cost \$35.00	Total:
<small>If your child is registered for morning & afternoon, you will be charged a full day (\$95)</small>				
Week 6:	<input type="checkbox"/>	# of Children: _____	Cost \$75.00	Total:

For Office Use Only:

Total \$\$ _____

Date: _____

Received By: _____

Permissions:

I give my child permission to sign themselves out of camp and walk/bike ride home

YES NO

I give my permission for my child to be interviewed or photographed for publicity purposes

YES NO

Registration Guidelines:

Due to the low cost and high demand for our camps, **refunds will not be given.**

Parent(s)/ Legal Guardian(s) may only register their own children.

Campers must be considered "Kindergarten Ready" meaning all campers must be potty trained before their first day of camp.

Snack will be provided by the camp. Lunches and water bottles are required and must be brought by the camper.

Provided sufficient interest extended care will be available mornings (8-8:30) and evenings (4:30-5) for an additional \$25 a week

Payment in full must accompany completed registration forms.

Cheques can be made payable to "Parkwood Gardens Neighbourhood Group" NSF cheques will be charged an administrative fee of \$20.00

Subsidies are available for those who may require it in order for their children to have a camp experience.



Summer Camp 2018

Camp location unknown

Registration Opens:
Thursday, April 12th
7:00-8:00pm
Taylor Evans PS

Campers
Entering JK - Grade 6
(Grade 7 optional for the first 4 weeks)

Leader in Training (LIT):
Programs offered for
Grades 7 & up
**See additional brochure*

Contact Information

Office Phone: 519-824-6340
Camp Phone: 519-362- 4179
Email: pgng96@gmail.com
Website: www.pgng.ca

Or visit us at:
21 Imperial Road S
West End Community Centre
(Doors closest to the fire hall)

Week/Date	Time	Cost/Child
Week 1 (July 3-6)	8:30am-4:30pm	\$75.00/child
Week 2 (July 9-13)	8:30am-4:30pm	\$95.00/child
Week 3 (July 16-20) If your child is registered for morning & afternoon, you will be charged a full day (\$95)	8:30am- 12:00pm	\$35.00/child
Week 3 (July 16-20) If your child is registered for morning & afternoon, you will be charged a full day (\$95)	1:00pm- 4:30pm	\$35.00/child
Week 4 (July 23-27)	8:30am-4:30pm	\$95.00/child
Week 5 (July 30-Aug 3) If your child is registered for morning & afternoon, you will be charged a full day (\$95)	8:30am-12:00pm	\$35.00/child
Week 5 (July 30-Aug 3) If your child is registered for morning & afternoon, you will be charged a full day (\$95)	1:00pm-4:30pm	\$35.00/child
Week 6 (Aug 7-10)	8:30am-4:30pm	\$75.00/child

NOTE: Parkwood Gardens Neighbourhood Group does not call to notify or remind families of their chosen week at camp. Please mark this on your calendar - you are responsible to get your child to camp on your scheduled week.

PARKWOOD GARDENS WILL PUBLISH THE SUMMER CAMP LOCATION AS SOON AS IT'S CONFIRMED

Registration Information:

- Camper's Name: _____ Birth Date: _____
School: _____ Grade in the
Fall: _____
Physical/Intellectual/Social/Emotional (ie: allergies, anxiety, ADHD /physical disabilities): _____
- Camper's Name: _____ Birth Date: _____
School: _____ Grade in the
Fall: _____
Physical/Intellectual/Social/Emotional (ie: allergies, anxiety, ADHD /physical disabilities): _____
- Camper's Name: _____ Birth Date: _____
School: _____ Grade in the
Fall: _____
Physical/Intellectual/Social/Emotional (ie: allergies, anxiety, ADHD /physical disabilities): _____

Would you like additional support for any child(ren) listed above?

YES NO

Signature of Parent/Guardian: _____

Family Information:

Name: _____
Address: _____
Phone #1: _____ Phone #2: _____
Email: _____

Emergency Contact (other than parent):

Name: _____
Relationship to Child: _____ Phone #: _____

** Emergency contact must NOT live in the same household as child*

Other than parent(s)/guardian(s) and emergency contacts, who has permission to pick up your child from camp?

