



Century Private School Sports & STEAM Summer Camp 2023

Registration Form

CAMPER INFORMATION				
Child's Surname:				
Child's First Name:				
Date of Birth (D/M/Y):		Age:	Male/Female:	
Lunch Plan (Please circle): Yes No \$50 Per Week		Extended hours (Please circle): Yes No \$50 / Week (Early drop off: 8:30, Late pick up: 4:30-5:00)		
Weeks (Please circle):	Week 1 & 2 Sports	Week 3 & 4 Sports & STEAM	Week 5 & 6 Arts, Music & Dance	Week 7 Business
PARENT INFORMATION				
Parent's Full Name:				
Home Address:		City:		
Postal Code:		Citizenship:		
Contact Phone Number:		Relationship:		
Email:		Cell Phone:		
Parent's Full Name:				
Street Address:		City:		
Postal Code:		Citizenship:		
Contact Phone Number:		Relationship:		
Email:		Cell Phone:		

EMERGENCY CONTACT INFORMATION

Child's Full Name:

Emergency Contact Name:	Emergency Contact Phone (cell):
Emergency Contact Phone (home):	Relationship to Child:
2 nd Emergency Contact Name:	Emergency Contact Phone:
2 nd Emergency Contact Phone:	Relationship to Child:

Name of persons to whom your child may be released to, including relationship to child. Please note that photo identification will be required upon release of the child.

Name	Relationship	Cell Phone	Home Phone

COVID-19 Health and Safety Policy

1. Anyone who is feeling sick or has any new or worsening symptoms of illness, including those not listed in the Ministry of Education's screening tool, should stay home until their symptoms are improving for at least 24 hours.
2. Masks are strongly recommended on a daily basis.

MEDICAL WAIVER

I, _____, the parent of _____, understand that in the event of an accident or illness occurring to my child, the Camp will make every attempt to contact me and/or my spouse. If, however, I or my spouse cannot be reached, I hereby give Century Private School, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to have a doctor attend to my child.

I also agree to release and indemnify Century Private School, including its Directors, Officers, Agents and Employees from any and all claims for damages arising from any injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any Camp activities.

Signature of Parent/Guardian

Date

PHOTOGRAPHIC WAIVER

I, _____, the parent of _____, authorize my child's photographic images and/or video to be used by Century Private School for various forms of media to assist in publicity, promotional and marketing purposes.

Signature of Parent/Guardian

Date

PAYMENT INFORMATION

- Fees: \$330.00per week.
- Please see page 4 for Payment Options.

TERMS OF CONTRACT

1. The child's full name must be written on the front of the cheque.
2. Written notice of withdrawal from a parent to the Camp with respect to student must be received 7 days prior to the date of withdrawal.
3. The safety of all children is our primary concern. The provision of our service is conditional on both your child's behaviour and your treatment of the Camp staff. Behaviour that poses a safety hazard for the other children or the staff will not be accepted and could result in immediate withdrawal of service.
4. There are no refunds for holidays, sick days, or days missed for any other reason during the summer camp.
5. A charge of \$50.00 will be levied against all N.S.F. cheques or cheques returned for any reason.
6. There is a late pick-up charge which is applied at the rate of \$5.00 per minute after 4:30pm.
7. Transportation to and from the Camp is the responsibility of the parents/guardians.

I have read and understand the above, I agree with the Terms of Contract set out by Century Private School.

Parent/Guardian Signature

Date:



CENTURY PRIVATE SCHOOL

INSPIRING EXCELLENCE

11181 Yonge Street, Richmond Hill ON L4S1L2 CA

Tel: (905)737-1160 Fax: (905)737-5867

www.centurypscanada.com

Confirmation of Payment (Century Summer Camp)

Reservation for Century Summer Camp program must be accompanied by deposit of last week enrollment camp fee. Please note that the fees are non-refundable. Please complete the form as indicated.

Your space in the program will be confirmed only with receipt of the full deposit and post-dated cheques/credit card authorization.

Surname: _____

Given Name(s): _____ Age: _____

Payer/Account Owner's Full Name: _____

Camp Schedule (Please circle):

July 4-7 (\$330.00) July 10-14 (\$330.00) July 17-21 (\$330.00*) July 24-28 (\$330.00*)

Aug 1-4 (\$330.00*) Aug. 8-11 (\$333.00*) Aug. 14-18 (\$330.00)

***Material Fee for week 3 & 4: \$80.00, for week 5 & 6: \$60.00**

Lunch Option (Please circle)

July 4-7 (\$50.00) July 10-14(\$50.00) July 17-21 (\$50.00) July 24-28 (\$50.00)

Aug. 1-4 (\$50.00) Aug. 8-11 (\$50.00) Aug. 14-18 (\$50.00)

Extended Hour Care (Please circle)

July 4-7 (\$50.00) July 10-14 (\$50.00) July 17-21 (\$50.00) July 24-28 (\$50.00)

Aug. 1-4 (\$50.00) Aug. 8-11 (\$50.00) Aug. 14-18 (\$50.00)

Payment option and amount: _____

- Option 1 : Full payment upon enrollment
- Option 2: Deposit of last week of camp enrolled + weekly fee, deposit is non-refundable

Method of Payment (check one):

- Cheques made payable to Century Private School, attached to this form.
- Credit Card Pre-authorization, **3% Surcharge**. (Please fill in the form attached)



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Credit Card Pre-authorization

Option 2 – Periodically Payments:

I, _____, parent of _____, understand that Century Private School will be charging my child's weekly summer camp fee as indicated on the confirmation payment page to my credit card.

Please circle:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER CARD

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Client Signature: _____

Student's Name: _____

NOTE: There will be a 3% surcharge on all credit card transactions.