



March 26, 2018 TPD Day – School Closed

Junior Camp: JK/SK/Gr.1
Senior Camp: Grades 2-6

Camp Date(s)	Registration Deadline															
Please select: <input type="checkbox"/> Half Day: 9:00-12:00 <input type="checkbox"/> Full Day: 9:00-4:00 <input type="checkbox"/> BEFORE or AFTER CARE \$10 8:30-9:00 & 4:00-5:30	<h3 style="margin: 0;">March 8, 2018</h3> <p style="margin: 0;">Please drop completed form and payment off at front office.</p>															
Student Name(s)	Junior or Senior Camp															
Cost and Hours																
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Option A: Half Day</td> <td style="width: 20%;">9:00-12:00</td> <td style="width: 10%;">\$35</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 30%;"></td> </tr> <tr> <td>Option B: Full Day</td> <td>9:00-4:00</td> <td>\$70</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Before/After Care</td> <td></td> <td>\$10</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	Option A: Half Day	9:00-12:00	\$35	<input type="checkbox"/>		Option B: Full Day	9:00-4:00	\$70	<input type="checkbox"/>		Before/After Care		\$10	<input type="checkbox"/>		
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Option B: Full Day	9:00-4:00	\$70	<input type="checkbox"/>													
Before/After Care		\$10	<input type="checkbox"/>													
Please pack a regular lunch for your child/children. Snacks provided																
Please list any important information about your child that camp staff should know.																
Parent/Guardian Authorizing Signature	Date															

CHQ Visa MasterCard: _____

Expiry Date: ____/____/____ CV Number (3 digits at back of card): ____

Signature: _____