



REGISTRATION FORM

BELVOIR CHRISTMAS & MARCH BREAKK CAMPS

STUDENT INFORMATION

RETURN COMPLETED PACKAGE TO BELVOIRCOOP@GMAIL.COM OR MAIL/DROP OFF AT BELVOIR

Name:	Birthday (day/month/year):	Age:	Gender: Male Female Other
Address:	City:	Postal Code:	Home Phone Number:

PARENT 1 / PRIMARY CONTACT

PARENT 2 / SECONDARY CONTACT

Name:	Name:
Work Phone:	Cell Phone:
Work Address:	Work Address:
Email:	Email:

CUSTODY OF STUDENT

Please Specify: ☐ Mother Only ☐ Father Only ☐ Both ☐ Other:

WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (LIST ANY POSSIBLE PEOPLE TO PICK UP IN ADDITION TO PARENT 1 & 2)

Name: (other than parent)	Preferred contact number:
Name: (other than parent)	Preferred contact number:

MEDICAL INFORMATION **Once your application has been accepted we will be in touch for your child's vaccination certificates which must be on file with us prior to 1st day of camp.**
***For children with no vaccinations due to medical or religious beliefs an affidavit will be required prior to the 1st day of camp.**

HEALTH CARD NUMBER: _____ EXP Date _____

DOCTORS NAME: _____ DOCTORS PHONE NUMBER: _____

ADDRESS: _____

Please describe any allergies, medication or medical needs your child's Belvoir staff should know about.

Please list any medications that your child requires while at Belvoir:

Does your child require additional support staff due to special needs? ☐ Yes ☐ No

If you answered yes to your child requiring additional support staff, please contact our office at 519-652-3419 to ensure availability of support. **NOTE:** You are also required to complete a supplementary form which is available from the Administrator or belvoircoop@gmail.com



CONSENT

I understand that photographs, images or recordings containing my child’s picture may be used for promotion on the Belvoir website; social media, including Facebook and Instagram; and promotional materials such as brochures. By checking “Yes”, I am granting my permission ☐ Yes ☐ No

From time to time, we enjoy our local community with spontaneous walks around the area. We may visit local businesses and parks. Our adult student ratios are always met during these excursions and we use sidewalks with a pre-determined route. By signing below, you acknowledge this and provide consent for your child to participate in these excursions.

Signature _____



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SESSION	DATES	FEE	6am Early Start Care (6-7am)	6am Early Start Care Cost	Early Care required (7-9am)	Late Care Required (4-6pm)	Extended Care Cost	TOTAL FEE
Example	CAMPS	\$40	✓	\$2/Day	✓	✓	\$8/Day	\$50
CHRISTMAS WEEK 1	Monday, Dec 23, 2019	\$40		\$2/Day			\$8/Day	
CHRISTMAS WEEK 1	Tuesday, Dec 24, 2019	\$40		\$2/Day		N/A	\$4/Day	
CHRISTMAS WEEK 1	Friday, Dec 27, 2019	\$40		\$2/Day			\$8/Day	
CHRISTMAS WEEK 2	Monday, Dec 30, 2019	\$40		\$2/Day			\$8/Day	
CHRISTMAS WEEK 2	Tuesday, Dec 31, 2019	\$40		\$2/Day		N/A	\$4/Day	
CHRISTMAS WEEK 2	Thursday, Jan 2, 2020	\$40		\$2/Day			\$8/Day	
CHRISTMAS WEEK 2	Friday, Jan 3, 2020	\$40		\$2/Day			\$8/Day	
MARCH BREAK	March 16 to 20, 2020	\$200		\$10/Week			\$40/Week	
							TOTAL AMOUNT PAYABLE	\$

NOTE: BELVOIR WILL BE CLOSING AT 4PM ON TUESDAY, DECEMBER 24TH AND TUESDAY, DECEMBER 31ST. THERE IS NO EXTENDED CARE PAST THIS TIME.

NOTE: If you are registered in our Before and After School Program currently, this service is included for the camps & you only need to pay the daily/ week fee.

I am currently enrolled in Belvoir's Before and After School Program and will be utilizing this for the Camps ☐ Yes ☐ No

PAYMENT / AUTHORIZATION

PAYMENT OPTIONS:

- ☐ Payment in Full
☐ Extended Payment (please inquire, deposit required)

METHOD OF PAYMENTS ACCEPTED:

- ☐ E-Transfers to belvoircoop@gmail.com
☐ Cheques Payable to Belvoir Co-Operative
☐ Cash

FINANCIAL ASSISTANCE:

- Please allow 2-3 weeks for processing of application and calculations.

FINANCIAL ASSISTANCE OPTIONS: · City of London

Note: NSF payments will be subject to a \$35 service charge.

All cancellation requests must be submitted by email directly to the Office at belvoircoop@gmail.com with subject line "Withdrawal Request" followed by your child's first and last name. Cancellation requests received prior to 5 business days before start of the affected camp session will receive a refund less any non-refundable deposit. Any refund requests received less than 5 business days prior to the affected camp session or during a camp session will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds may take 2 to 3 weeks to process.

Belvoir reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close. Options for a refund or transfer to another day/week will be discussed at that time.

AUTHORIZATION: In permitting my child to attend camp programming operated by Belvoir Cooperative Nursery School Inc., I, the undersigned, in the event of an accident or illness affecting the child indicated on this form, authorize all procedures, including admission to the hospital and necessary treatment herein, as deemed essential for the care and well being of said child. Such action is to be taken only when immediate contact with the undersigned or other indicated authorized contacts cannot be made. I have read and understood:

1. The Cancellation/Withdrawal policy and Payment plans
2. The Drop off/Pick up, Bussing and Extended Care information
3. I agree with the student Behaviour expectations and will discuss it with my child
4. I have taken care to explain to Belvoir staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)
5. I authorize my child to participate in all programs

Signature of Parent/Guardian:

Date Signed: