

**REGISTRATION FORM****CHRISTMAS, MARCH BREAK & PD DAY CAMPS 2020-2021**

Version October 2020

STUDENT INFORMATIONReturn Completed Package to belvoircoop@gmail.com or drop off at Belvoir

Name:	Birthday (DD/MM/YYYY):	Age:	Gender: (Please circle) Male Female Other
Street Address:	City:	Postal Code:	Home Phone Number:

PARENT 1 / PRIMARY CONTACT**PARENT 2 / SECONDARY CONTACT**

Name:	Name:
Home Phone: Work Phone: Cell Phone:	Home Phone: Work Phone: Cell Phone:
Home address: circle if same as above	Home address: circle if same as above
Work Address:	Work Address:
Email:	Email:

CUSTODY OF STUDENTPlease Specify: ☐ Mother Only ☐ Father Only ☐ Both ☐ Other: _____**WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (LIST ANY POSSIBLE PEOPLE IN ADDITION TO PARENT 1 & 2)**

Name:	Preferred Contact Number:
Name:	Preferred Contact Number:
Name:	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:	Expiry Date:
Doctors Name:	Doctors Phone Number:
Address:	



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Please describe any allergies, medications 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 any 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 by emailing 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: _____

Date: _____

☐ We will review and abide by COVID policies and procedures Initial here _____

ITEMS NEEDED TO BRING

Belvoir will provide:

- 1 snack during early care
- 2 snacks during the core programs
- 1 snack during late care

Parents need to provide:

- 1 packed lunch each day (we are a peanut free classroom)
- Outdoor shoes
- Indoor shoes
- Hats and any other appropriate outdoor gear depending on the weather
- Water bottle for walks and/or park visits
- Please apply sunscreen to your child before the day as staff is not permitted to apply sunscreen to students



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FEES **NOTE: Prices are subject to change without notice**

Session	Date	Core Program (9am to 4pm) \$40/Day	Early Care (7am to 9am) \$4/Day	Late Care (4pm to 6pm) \$4/Day	Total Fee
Example	Camps	\$40	\$4	\$4	\$48
Christmas Week 1	Monday, Dec 21, 2020				
	Tuesday, Dec 22, 2020				
	Wednesday, Dec 23, 2020				
↓	Thursday, Dec 24, 2020			N/A*	
Christmas Week 2	Monday, Dec 28, 2020				
	Tuesday, Dec 29, 2020				
	Wednesday, Dec 30, 2020				
↓	Thursday, Dec 31, 2020			N/A*	
March Break	Monday, March 15, 2021				
	Tuesday, March 16, 2021				
	Wednesday, March 17, 2021				
	Thursday, March 18, 2021				
↓	Friday, March 19, 2021				
PD Day	Friday, January 22, 2021				
	Friday, March 5, 2021				
↓	Friday, June 11, 2021				
Total Amount Payable					\$

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

NOTE: If you are currently registered full time in our Before and After School Program (before only, after only, or both), this service is included for the camps and you only need to pay the daily fee **IF REGISTERED BEFORE DECEMBER 1ST, 2020.** I am currently enrolled in Belvoir's Before and After School Program and will be utilizing this for the Camps ☐ **Yes** ☐ **No**

NOTE: June 29th PD Day will be included in Belvoir's Summer Camps

**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

FINANCIAL ASSISTANCE OPTIONS:

- City of London
- County of Middlesex

Note: NSF payments are subject to \$45 service charge

All cancellation requests must be submitted by email directly to the Administrator 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 the start of the affected camp session will receive a refund less any non-refundable deposit. Any refund request 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 programs 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 week will be discussed at the time.

AUTHORIZATION: In permitting my child to attend camp programming operated by Belvoir Kids, I, the undersigned, in an event of an accident or illness affecting my 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. I have taken care to explain to Belvoir staff any special considerations for my child (i.e. Language barriers, special needs, etc)
3. I authorize my child to participate in all programs

Signature of Parent/Guardian:

Date Signed: