



Crestwood Valley Day Camp

411 Lawrence Avenue East, Toronto, Ontario M3C 1N9 • Tel (416) 444-9595 • Fax (416) 444-4178

www.crestwoodcamp.com

www.crestwoodkids.com

FAMILY INFORMATION

Parent/Legal Guardian #1:
 Mr. Mrs. Ms. Dr. Other
 Last Name: _____
 First Name: _____
 Occupation: _____
 Email: _____
 Home Phone: _____
 Work Phone: _____
 Cell/Pager: _____
 Home Address: _____

 City: _____
 Postal Code: _____

Parent/Legal Guardian #2:
 Mr. Mrs. Ms. Dr. Other
 Last Name: _____
 First Name: _____
 Occupation: _____
 Email: _____
 Home Phone: _____
 Work Phone: _____
 Cell/Pager: _____
 Home Address: _____

 City: _____
 Postal Code: _____

EMERGENCY CONTACTS

***Emergency Contacts other than Parents/Legal Guardians**

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____

FAMILY STATUS

Are both parents living? _____
 Marital Status: Married Common Law Single Separated Divorced Widow/Widower
 Camper resides with: _____ Does the other parent have access? _____
***In the case of separated/divorced parents, Crestwood requires written documentation with regards to parental access (days and times) during camp hours and transportation arrangements, if necessary.**

CONDITIONS OF REGISTRATION AT CRESTWOOD VALLEY DAY CAMP

A) I/WE have read and understand the general information and comments on the enclosed Registration Information sheet and agree to abide by the conditions outlined. I/WE also understand that my/our camper will not be admitted to camp until the balance of the fees are paid for the specific programme and a completed health form is returned prior to the commencement of the camp term.

B) I/WE agree to allow my/our camper(s) to participate in all camp activities and in any supervised trips or activities not on camp property as well as any photo-shoots to advertise camp programming.

C) I/WE agree to release and indemnify Crestwood Valley Day Camp from any and all claims for damages arising as a result of any accident, injury or otherwise, sustained by the herein named camper(s) arising from participating in any camp activities where negligence is not the cause.

D) I/WE understand that the Director has the right to terminate the registration of any camper when it is decided by the Director to be in the best interest of the camp or the child. In such cases only a proportionate refund will be made.

E) I/We agree to allow camp officials to act on my/our behalf in case of emergency.

F) I/WE understand that it is my/our responsibility and obligation to provide the camp with an accurate, updated health form and to notify the camp in writing of any changes and/or additions to the health information previously provided.

G) All campers must be toilet trained by the beginning of camp.

H) This application will not be processed without a completed health form and full deposit.

I) No refund will be made for camp days missed due to illness or personal matters.

J) Should the camp be unable to operate programmes, pro-rated refunds/credits and/or make-up days are not available.

K) I understand that Crestwood Valley Day Camp protects the privacy of personal information and personal health information in accordance with prevailing privacy legislation and with its Privacy Policy. I hereby consent to the collection, use and disclosure of personal information and personal health information about myself, the camper and the camper's family for the purpose identified in the privacy policy.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

METHOD OF PAYMENT

DEPOSIT - \$300 Deposit per Camper with Application (please choose 1 option)

- Credit Card
 - Visa
 - Mastercard

Card #: _____ Expiry Date: ____/____ CVV #: _____
Name on Card: _____ Cardholder Signature: _____

- Cheque

BALANCE DUE (please choose 1 option)

- Credit Card
 - Final Payment processed May 1, 2012
 - Final Payment processed in 3 equal payments (March 1st 2012, April 1st 2012, May 1st 2012)
- Cheque
 - 1 postdated cheque for May 1, 2012
 - 3 equal postdated cheques (March 1st 2012, April 1st 2012, May 1st 2012)

Please Note: Balance of fees will be processed on May 1, 2012 in the same method of payment as the deposit unless otherwise indicated.

Payment in full is required for all applications received after May 1, 2012.

CHECK LIST

Camper application and transportation card must be returned, along with a \$300 deposit for application to be processed.

1. Please complete BOTH SIDES of the Camper Application Form. (Family Information only needs to be completed once.)
2. Please complete the Transportation Card in its entirety.
3. Please enclose either a cheque for \$300 per camper made out to Crestwood Valley Day Camp -or- our enclosed form, completed with your Visa or Mastercard information. If you would prefer to pay your deposit with cash, you must deliver your Camper Application to our office in person.

PLEASE NOTE:

* Postage on our self-addressed return envelope is MORE than that of a normal letter-sized envelopes.

Camp Address: **411 Lawrence Avenue East, Toronto, Ontario M3C 1N9**

** If you require extra application forms, please call the camp office or visit our camp website at www.crestwoodcamp.com

**Thank you for choosing
Crestwood Valley Day Camp!**