



2019 Cheeky Monkeys' Playland March Break & Summer Day Camp

REGISTRATION FORM

Please ensure you read and complete all portions of this registration form.

If you have any questions or need any assistance, please contact us. Thank you.

St.Catharines: (905) 397-7678

www.cheekymonkeysplayland.ca

FAMILY INFORMATION: (please put an * beside the parent that you wish to be contacted first)

Guardian #1	Guardian #2
Last Name:	Last Name:
First Name:	First Name:
Relationship to Camper:	Relationship to Camper:
Home Phone #:	Home Phone #:
Bus. #:	Bus. #:
Cell #:	Cell #:
Email:	Email:

FAMILY MAILING ADDRESS:

Street: _____ City: _____

Postal Code: _____

EMERGENCY CONTACT: (if above guardians cannot be reached)

Name: _____ Relationship: _____

Phone #: _____

CAMPER INFORMATION:

If you have more than two campers, please print/photocopy this page only and complete.

1) Camper First Name: _____ Last Name: _____

Male Female Date of Birth: _____ / _____ / _____
Day Month Year

Health Card #: _____

Family Doctor Name: _____ Phone #: _____

Family Dentist Name: _____ Phone #: _____

Special Needs/Allergies/Medications: Yes No

IF YES, THEN PLEASE COMPLETE ADDITIONAL HEALTH FORM

2) Camper First Name: _____ Last Name: _____

Male Female Date of Birth: _____ / _____ / _____
Day Month Year

Health Card #: _____

Special Needs/Allergies/Medications: Yes No

IF YES, THEN PLEASE COMPLETE ADDITIONAL HEALTH FORM

HEALTHY CAMPER MEAL PLAN:

Yes Please No Thanks

BEFORE & AFTER CARE:

My child(ren) requires Before Care 8:30am-9am My child(ren) requires After Care 4-5pm

PARENT'S AUTHORIZATION:

I hereby give consent for my child to participate in the full Cheeky Monkeys' Indoor Playground summer camp program unless I advise you in writing.

In case of emergency I authorize Cheeky Monkeys' Indoor Playground Inc. to obtain any medical care deemed necessary in the event of injury and agree to pay for any resulting medical expenses (ex. ambulance transportation, medication etc.) In case of surgical emergency, I hereby give permission to Cheeky Monkeys' Indoor Playground Inc. to give permission to the selected physician, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child (children). Every effort will be made to contact a parent/guardian in the case of emergency.

To the best of my knowledge my child is in good health and I will notify the Cheeky Monkeys' Indoor Playground staff if he/she is exposed to any infectious disease. Any changes to my child's health, needs to be communicated by me in writing before camp starts.

I hereby release and agree to indemnify and hold harmless the corporation Cheeky Monkeys' Indoor Playground Inc. for all claims for damages arising from any accident or injury, or loss of personal property, which is caused by or arises from participation of the registrant hereon during any program or in any location where a program is being held (ex. parks etc.)

I hereby acknowledge that I have completed this form in full and to the best of my knowledge all information is accurate.

- A 50% non-refundable deposit is required upon registration.
- No Refunds will be given except for medical reasons accompanied by a medical certificate.
- I understand that Cheeky Monkeys' Indoor Playground Inc. reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who disobeys general expectations (ex. use of inappropriate language etc.)
- I understand that there are a minimum number of participants required for the camp program to run and that weeks may have to be adjusted accordingly with notice.

_____ / _____
 Parent/Guardian Signature Date

2019 Camp Sessions

Please check which **full** week(s) you would like to attend.

Full Week - St.Catharines

March 11 – March 15 (March Break)

Jul 15 – Jul 19

Jul 22 – Jul 26

Jul 29 – Aug 2

Aug 12– Aug 16

Aug 19 – Aug 23

Please list the **Single** Full Days and/or Half Days you would like to attend.

Date	Location	Half Day or Full Day	AM or PM



Cheeky Monkeys' Playland Day Camp

FEE SCHEDULE

CAMP RATES: Full Day 9am - 4pm Half Day 9am – 12noon or 1pm - 4pm

\$185 / week \$45 / day \$25 / half day *prices include HST

Full Day: Drop off time starts at 8:55am Latest Pick up time is 4:05pm

EXTENDED CARE

\$6 / half hour / child \$10 / half hour / family

Before Care: 8:30-9am

After Care: 4-4:30pm or 5pm

HEALTHY CAMPER MEAL PLAN (all food & drinks) *plus HST

\$12 / day \$55 / week \$5 half day

DISCOUNTS

Siblings \$35 off / week \$15 off / day \$5 off / half day

2 or more weeks receive \$35 off / week