

Informed Consent Agreement

I/We will be responsible for getting my child(ren) to the program by 1:00 pm and have him/her picked up by 3:30 pm at Malvern Family Resource Centre.
He/She will be picked up by _____

Name: _____

ANY CHILD WHO IS PICKED UP AFTER 3:30 PM WILL HAVE TO PAY A LATE FEE OF \$3.00 FOR EVERY 10 MINUTES.

I hereby WARRANT that my/our child is physically fit to participate and understand that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I understand that the RULES AND REGULATIONS are designed for the safety and protection of participants and hereby undertake that my child will abide by these rules and regulations.

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all the foregoing.

Name: (Please print)

FIRST LAST

Signature: _____

Date: _____

Registration Guidelines

Registration is done on a first come, first serve basis. There are 40 spaces available weekly, 20 for the morning and 20 for the afternoon.

- Membership card required
- Non-members add \$10.00/week/child
- Pre-registration in-person only on registration dates.
- **Payment by cash only.**
- Refund will only be granted if notification in writing is received by the office one week prior to the camp starting. A 20% cancellation fee will be withheld.
- **Health card and emergency information are required at registration time.**



**Malvern Family
Resource
Centre**



Kindergarten Camp 2010

(Students Entering Junior or Senior Kindergarten in 2010)

**July 5 - August 20, 2010
(August 2, 2010 - Closed)**

1:00 p.m. - 3:30 p.m.

Phone : 416-291-7745



**Registration in person only at
Malvern Family Resource Centre**

Dates	Spaces Limited
May 20 - 4 to 6 p.m.	To offer Kindercamp to as many families as possible, parents will be limited to registering for 3 weekly sessions only.
May 27 - 4 to 6 p.m.	
June 3 - 4 to 6 p.m.	
June 10 - 4 to 6 p.m.	
The above registration dates apply until all spaces are filled.	




Location

**Malvern
Family
Resource
Centre**
1321 Neilson
Road,
Scarborough

Kindergarten Camp 2010

Our staff have developed a fun and exciting program to help prepare your child for entering kindergarten.

Kindergarten camp is facilitated by a trained ECE staff. (Early Childhood Educator)

Week (1 - 3:30 p.m.)		Activities/Curriculum
1	July 5 - 9	 <p>Activities will include sorting, opposites, patterning, printing, tracing, colouring, learning through play self help skills, routines, transitions and literacy.</p>
2	July 12 - 16	
3	July 19 - 23	
4	July 26 - 30	
5	August 3 - 6	
6	August 9 - 13	
7	August 16 - 20	

Weeks: 1, 2, 3, 4, 6, 7

Member Fee: \$30.00/Child/Week
Non- Member Fee: \$40.00/Child/Week

Week: 5

Member Fee: \$25.00/Child/Week
Non - Member Fee: \$35.00/Child/Week

CAMP INFO

- **Please send a dry snack and a drink (water) with your child. Fruit will be provided by the staff**
- **If your child has a special diet, please provide him/her with an appropriate snack.**
- **Please make sure staff are aware of all allergies.**

Malvern Family Resource Centre is a Peanut Free Environment. Please do not send anything with peanuts.

GUIDELINES

- To make our program safe and enjoyable, we expect all campers to comply with the rules and regulations of Malvern Family Resource Centre.
- A child's inappropriate behaviour can interrupt the programme and put the other children at risk.
- Inappropriate behaviour will be reported to the parents and it may result in the child's removal from the programme.
- The Executive Director of Malvern Family Resource Centre reserves the right to dismiss a camper who, in her opinion, has displayed unacceptable behaviours and has not complied with the rules of the camp.

CAMP REGISTRATION FORM (PM)

Wk#	Dates	\$*	Cash \$	Staff	Payer
1	July 5-9	30			
2	July 12-16	30			
3	July 19-23	30			
4	July 26-30	30			
5	Aug. 3-6	25			
6	Aug. 9-13	30			
7	Aug. 16-20	30			

* Non-member add \$10 per child per week.

Child's Name: _____
First Name Last Name

Parent's Name: _____
First Name Last Name

Signature _____
 The above signed agrees with the Camp & Behaviour Guidelines.

Child's Date of Birth: Dy _____ Mo _____ Yr _____

Grade: JK SK **Gender:** M _____ F _____
 (as of Sept. 2010)

Address: _____

Apt# _____ **City:** _____

Province: _____ **Postal Code:** _____

Home Tel: () _____

Business Tel: () _____

Emergency Contact Name: _____

Emergency Tel: () _____

Health Card Number: _____

Allergies, Medical Concerns or Food Restrictions that we should be aware of: _____