

March Break and Summer Camps 2009

Please print and use a separate form for each child.

CAMPS OFFICE
HARBOURFRONT CENTRE
 235 Queens Quay West, 3rd Floor
 Toronto, ON M5J 2G8
 Fax: 416.973.5377

Participant Info	Child's Last Name: _____ First Name: _____		
	Birth Date (d/m/y): ____ / ____ / ____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F School: _____		
	<p>Medical Information. Please list any serious medical concerns, allergies or conditions that our staff should be aware of. Include any pre-existing conditions and physical or emotional concerns. A more detailed medical form will be mailed to you once you register.</p> <p>_____</p> <p>_____</p> <p>Does your child carry an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____</p> <p>Health Card #: _____</p> <p>Doctor's Name: _____ Doctor's Phone #: _____</p>		
Family Info	Parent/Guardian #1 Last Name: _____ First Name: _____ Permission to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Home Address: _____ (All correspondence will be mailed to this address unless otherwise indicated)		
	City: _____ Postal Code: _____ Is this the child's primary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Home Phone #: _____ Business Phone #: _____		
	Cell #: _____ E-mail: _____		
	Parent/Guardian #2 Last Name: _____ First Name: _____ Permission to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contacts	Home Address: _____		
	City: _____ Postal Code: _____ Is this the child's primary address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Home Phone #: _____ Business Phone #: _____		
	Cell #: _____ E-mail: _____		
	Emergency Contact Name: _____ Permission to pick up child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Day Phone #: _____ Cell #: _____ Relationship to child: _____		
<p>Please list ALL THE NAMES of individuals who have permission to pick up your child from the camp or from the bus stop. Please remember that your child will only be released to the people listed here or above and that photo ID is required at time of pick-up.</p> <p>_____</p> <p>_____</p>			
Transportation Info	Transportation to and from camp. MUST BE COMPLETED. Please refer to the Transportation Section on page 6 for descriptions of each option and page 10 for bus stop information and indicate your choice in the space below for both AM and PM Please provide signatures where required.		
	AM (Choose only one)	PM (Choose only one)	Fee(s) If applicable
	<input type="checkbox"/> Parent Drop Off (8:45–9:15am)	<input type="checkbox"/> Parent Pick-up (4–4:15pm)	N/A
	<input type="checkbox"/> Extended Programme Day (7:30–9am)	<input type="checkbox"/> Extended Programme Day (4–6pm)	See prices on page 10
	<input type="checkbox"/> Bus Stop: _____ Summer Camps ONLY. (different bus stops for AM and PM are NOT available)	<input type="checkbox"/> Bus Stop: _____ Summer Camps ONLY. My child has permission to walk home alone from the bus stop: <input type="checkbox"/> Yes <input type="checkbox"/> No	See prices on page 10
	<input type="checkbox"/> Travels by Self (8:45–9am)	<input type="checkbox"/> Travels by Self (3:45–4pm) Authorizing Signature: _____	N/A
	AM (Choose only one)	PM (Choose only one)	Fee(s) If applicable
	<input type="checkbox"/> Parent Drop Off (8:45–9:15am)	<input type="checkbox"/> Parent Pick-up (4–4:15pm)	N/A
	<input type="checkbox"/> Extended Programme Day (7:30–9am)	<input type="checkbox"/> Extended Programme Day (4–6pm)	See prices on page 10
	<input type="checkbox"/> Bus Stop: _____ Summer Camps ONLY. (different bus stops for AM and PM are NOT available)	<input type="checkbox"/> Bus Stop: _____ Summer Camps ONLY. My child has permission to walk home alone from the bus stop: <input type="checkbox"/> Yes <input type="checkbox"/> No	See prices on page 10
<input type="checkbox"/> Travels by Self (8:45–9am)	<input type="checkbox"/> Travels by Self (3:45–4pm) Authorizing Signature: _____	N/A	

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Please fully complete the chart below (Please indicate March Break or Summer Camps):

Period	Session(s)	Camp Name	Camp Fee	Bus Fee*	Extended Programme Day	Meal Plan Fee	Total	
March Break			\$	N/A	\$	\$	\$	
Summer			\$	\$	\$	\$	\$	
Summer			\$	\$	\$	\$	\$	
Summer			\$	\$	\$	\$	\$	
*Busing not available for March Break Camps and Summer Camp Sessions 5A and 5B.							Camp T-shirt (indicate size)	\$8.00 S M L XL
							Please add my tax-deductible donation of	\$
							TOTAL	\$

Group my child with: _____ (we cannot guarantee this placement.)

Full Payment Enclosed by: Visa MasterCard Amex Cheque Money order

Credit Card #: _____ Expiry Date (Month/Year): ____ / ____

Cardholder Name: _____ Signature _____

Deposit of \$ _____ (must be \$100 per camp per session) AND a post-dated cheque or credit card payment for the balance of \$ _____

Post-date Summer Camps payments no later than June 1, 2009. (Both cheques must be enclosed. Outstanding credit card balances will be charged on June 1, 2009.)

Where did you hear about us? Returning Camper Friend Website Harbourfront Centre Library School
 Our Kids Go To Camp Daily Paper Community Paper City Parent The Little Paper Post City Magazines Today's Parent

Harbourfront Centre respects your privacy. We adhere to all legislative requirements with respect to protecting your privacy.

We do not rent, sell or trade our mailing lists without your permission. The information you provide will be used to deliver services and to keep you informed and up to date about Harbourfront Centre activities. If you do not wish to receive this information, simply call 416-973-4000, x4800 and we will accommodate your request.

Please be advised that your child(ren) may be photographed or videotaped by the media at any time during camp for the purpose of Harbourfront Centre publicity/advertising. If you have any concerns, please notify us at 416.973.4000, x4800.

I/We agree that Harbourfront Centre, its directors, employees, agents and independent contractors shall not be liable for any injury to my child or loss or damage to personal property arising from, or in any way resulting from participation in Harbourfront Centre Camps activities UNLESS such injury, loss or damage is caused by the SOLE NEGLIGENCE of Harbourfront Centre or its employees or agents while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

Signature of Parent/Guardian _____