



Oakville Parent-Child Centre

**COOL KIDS CAMP**

Summer 2010

Office Use Only  
Date & Time Rec'd

PLEASE PRINT CLEARLY AND COMPLETE ONE FORM PER CHILD

Parent's Name: (first name)		(last name)	
Address:			Town:
Postal Code:	Telephone #:	Cell Phone #:	
Can we contact you by e-mail?	e-mail address (PLEASE PRINT):		
Have you registered in programs with us before?	How did you hear about this camp?		

# Cool Kids Camp

For children 3½ to 6 years  
Register for a week of summer fun!

**Weekly camps run from Tuesday to Friday, 9:00 am to 12:00 p.m. and are located at our North Service Road – Satellite location.**

**\$130 PER WEEK**

Name	Date	Theme	check	OFFICE USE ONLY	
			<input checked="" type="checkbox"/>	Code	Registered
Camp Week 1	July 6 – 9	<b>Our Amazing Bodies</b>			
Camp Week 2	July 13 – 16	<b>Structures &amp; Construction</b>			
Camp Week 3	July 20 – 23	<b>Wild About Animals</b>			
Camp Week 4	July 27 – 30	<b>Creepy Crawlies</b>			
Camp Week 5	August 10 – 13	<b>Curious &amp; Crafty Kids</b>			
Camp Week 6	August 17 – 20	<b>Get Moving!</b>			
Camp Week 7	August 24 – 27	<b>Once Upon a Time</b>			
Camp Week 8	August 31 – Sept 3	<b>Under the Sea</b>			

Personal Information					Medical Information			
CHILD'S NAME		DATE OF BIRTH			IMMUNIZED Yes or No	KNOWN ALLERGIES Please List	EPI-PEN	PUFFER
First	Last	Month	Day	Year				

**Medical Information Details**

Special medical condition or additional information:

Are you involved with or on the waiting list for:      Speech Services \_\_\_\_\_ Integration Services \_\_\_\_\_

Other: (please provide detail) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Please complete the other side of this form



## Emergency Contact Information

Name of person to be notified if <u>you</u> are unavailable:	Relationship to Child	Daytime Phone#:

**In the case of an emergency, I give permission to the staff of the Oakville Parent-Child Centre to authorize necessary medical treatment for my child(ren).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Are both parents authorized to pick up the child(ren)?*    Yes     No

Names of other individuals authorized for pick up:	Relationship to Child	Daytime Phone #

We collect and use personal information in order to communicate with you. This information is for the sole use of the OPCC staff. However, we are required by the Public Health Department to report any suspected communicable diseases as per The Health Protection and Promotion Act (1983).



**Payment must be received with your registration.** If registering for all eight (8) weeks of camp, the August fees can be post-dated to June 1, 2010. Cheques should be made payable to Oakville Parent-Child Centre. For all registered programs, thirty (30) days notice is required on all withdrawals or changes and a service charge of \$25.00 will apply.



**Please return this registration form, along with applicable fees to:**  
 Oakville Parent-Child Centre, 461 North Service Road West, Unit 17, Oakville, ON L6M 2V5  
 ☎ (905) 849-6366

### OFFICE USE ONLY

<b>COOL KIDS CAMP DUE:</b>	Total Amount Due: \$ _____
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WEEK 1	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID	WEEK 5	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID
WEEK 2	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID	WEEK 6	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID
WEEK 3	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID	WEEK 7	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID
WEEK 4	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID	WEEK 8	AMOUNT PAID	CHEQUE/ CASH	PDC	DATE PAID

CHEQUE REQ.	PINK FORM SENT	DATE PINK FORM RETURNED	DATE/TIME OF DATA ENTRY/INITIAL	DATE LETTER MAILED
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