

2. WHICH WEEK(S) OF CAMP WILL YOU BE ATTENDING?

Attending Camp Week #:(1)___ (2)___ (3)___ (4)___ (5)___ (6)___ (7)___ (8)___ (9)___ (10)___

3. COST CALCULATION

___ Full Week Registration(s) x \$160.00 = \$ _____

Early drop off Mon. Tues. Wed. Thurs. Fri. ___ x \$6.50 \$ _____

Late pick up Mon. Tues. Wed. Thurs. Fri.

Total: \$ _____

Parent/Guardian Signature: _____ Date: _____

4. PERMISSION REQUESTS

PERMISSION TO APPLY SUNSCREEN:

I will apply sunscreen on my child before drop off in the morning. I give permission to Pineridge Children’s Centre staff to re-apply sunscreen to my child as needed. I will inform the staff, in writing, if there is any change to this permission, or allergic/skin irritations to my child. Sunscreen will be provided by the Centre.

Parent/Guardian Signature: _____

PERMISSION TO TAKE PHOTOGRAPHS:

The program may wish to take pictures of the children at various times throughout the summer. Occasionally, pictures are requested for public display (ie. newspaper articles, PCC information booths etc.). Before we can use your child’s picture for public display, we require your written consent.

YES You can take pictures of my child for public display.

Parent/Guardian Signature: _____

PERMISSION FOR WALKING FIELD TRIPS:

We are planning to take the children on frequent walking trips within a 5 km distance from the Centre (the Grove, Galilee, Robert Simpson Park, Library etc.). We need your permission to take your child out of the centre.

Parent/Guardian Signature: _____

****Please Note:** For any field trip outside of the 5 km distance, you will be notified in advance and will be required to fill out a separate permission form.

