



CAMP KHAOS 2020 SUMMER CAMP REGISTRATION FORM

FAMILY INFORMATION

Campers Full Name _____ M F

Address _____

City _____ Postal Code _____

Date of Birth: Month _____ Day _____ Year _____

School Attending: _____ Grade completed in June 2020 _____

Email Address (for camp info): _____

Home Phone: _____

Parent's Name _____ Work #: _____ Cell # _____

Parent's Name: _____ Work #: _____ Cell # _____

Parents are: Married _____ Divorced _____ Widowed _____ Re-married _____

If divorced/separated camper lives with:

Mother _____ Father _____ Both _____

Name of step parents if remarried

Step Mother _____ Step Father _____

Any restrictions on either parent's access / custody? No _____ Yes _____ If yes, please attach a note with details

CAMP DATES: Please check desired weeks (min registration of 2 weeks)

We know that making summer plans at this time can be difficult, therefore the dates you choose can be changed without penalty if available This applies only to the dates you have chosen NOT the number of weeks. Number of weeks registering for _____

Wk 1: June 29th to July 3rd _____

Wk 2: July 6th to July 10th _____

Wk 3: July 13th to July 17th _____

Wk 4: July 20th to July 24th _____

Wk 5: July 27th to July 31st _____

Wk 6: Aug 3rd to Aug 7th _____

Wk 7: Aug 10th to Aug 14th _____

Wk 8: Aug 17th to Aug 21st _____

****CAMP IS OPEN ON JULY 1ST**

Register my child in:

Mini Khaos (4 -5yrs old) Swim/field trip option tick here if yes _____

Junior Khaos (6 - 11yrs old) Optional Overnight to CBB? Week 3 _____ Week 7 _____

Advanced Khaos CIT Program Level 1(12-13yrs) _____ Level 2 (14-15yrs) _____

Name of 1 Friend for your child to be grouped with (Friend must be the same age between Oct 1-Sept 30) _____



EMERGENCY INFORMATION (If any person mentioned above cannot be reached)

Emergency Contact (Other than parent) _____ Phone _____
 Relationship to Camper _____
 Camper's medicare # _____ Expiry Date _____
 Pediatricians Name _____ Phone # _____
 Allergies _____
 Other Medical info (Please include any Delays, Autism & other)

****A separate camper health form will be sent to be filled out prior to the start of camp****

Do you require Extended Day Services? We will be happy to help you organize babysitting with our staff at an additional fee. Please indicate the days and times needed.

7:30-9:00am Days Needed _____ Week #s Needed _____
 4:00-5:45pm Days Needed _____ Week #s Needed _____

Please enclose a non- refundable deposit (current date) of \$150.00 AND postdated balance of payment. The LATEST balance of payment date is JUNE 3rd, 2020.

CAMP FEE: (Program Fee X number of weeks) _____
 Minus – (4 wk Disc of 25\$ or 8 wk disc of 80\$)N/A for Level 2 CIT - _____
 Amount Equals = _____
 Minus – (3rd sibling discount of 5%) _____
 Amount Equals: = _____
 ADD SWIM/FIELD TRIP FEE (4-5YRS ONLY) 50\$ per week + _____
 ADD CBB Overnights (\$70 = 1 NIGHT-WK 3 / \$100 = 2 NIGHTS-WK 7) + _____
 ADD TSHIRT (6-11yrs) 8\$ per shirt + _____
TOTAL CAMP AMOUNT = _____
 Less deposit (Current Date) ---- **(\$150.00)**
Balance to Pay (Post Dated Cheques Dated latest June 3rd, 2020) _____

MAKE ALL CHEQUES PAYABLE TO: Viki Zerdok (We also accept etransfer)

MAIL TO: 168 Sommerhill, DDO, Quebec, H9A 1X1

PARENTAL AGREEMENT I confirm my agreement that this document be drafted in English.
 Je confirme ma demande que ce document soit redigé en anglais.

The refund policy is as follows: The **\$150.00** deposit is non-refundable. All notice of cancellation must be made in writing no later than 3 weeks prior to June 29th, 2020. In such event, the camp fee will be reimbursed to you less the **\$150.00** deposit, which you by these presents authorize us to deduct. After this time, and prior to June 29, 2020, an additional 10% will be deducted from your reimbursement. After June 29th, 2020, no refund will be made. If the camp is unable to accept your child, all monies will be refunded. There will be a **\$25.00** charge for all NSF cheques regardless of the reason.

I hereby certify that I have read and understand the parental agreement, and agree to the provisions of this agreement.

Parent's Signature: _____ **Date:** _____
Legal Name (person claiming child tax credit) _____ **SIN** _____