



# CAMP KHAOS 2021 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 2021 \_\_\_\_\_

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 3 consecutive 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 28<sup>th</sup> to July 2<sup>nd</sup> \_\_\_\_\_

Wk 5: July 26<sup>th</sup> to July 30<sup>th</sup> \_\_\_\_\_

Wk 2: July 5<sup>th</sup> to July 9<sup>th</sup> \_\_\_\_\_

Wk 6: Aug 2<sup>nd</sup> to Aug 6<sup>th</sup> \_\_\_\_\_

Wk 3: July 12<sup>th</sup> to July 16<sup>th</sup> \_\_\_\_\_

Wk 7: Aug 9<sup>th</sup> to Aug 13<sup>th</sup> \_\_\_\_\_

Wk 4: July 19<sup>th</sup> to July 23<sup>rd</sup> \_\_\_\_\_

Wk 8: Aug 16<sup>th</sup> to Aug 20<sup>th</sup> \_\_\_\_\_

**\*\*CAMP IS OPEN ON JULY 1<sup>ST</sup>**

Register my child in:

**ON HOLD** Mini Khaos (4 -5yrs old) Swim/field trip option tick here if yes \_\_\_\_\_

Junior Khaos (6 - 11yrs old) Optional Overnight to CBB? Wk 3 **ON HOLD** Wk 7 **ON HOLD**

**ON HOLD** 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. Preferred payment is E-Transfer however we also accept cheques.**

**The LATEST balance of E-Transfer or post dated cheque date is JUNE 4<sup>th</sup>, 2021.**

**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 – (3<sup>rd</sup> sibling discount of 5%)** - \_\_\_\_\_  
**Amount Equals:** = \_\_\_\_\_  
**ADD SWIM/FIELD TRIP FEE (4-5YRS ONLY) 50\$ per week** + **ON HOLD**  
**ADD CBB Overnights (\$75 = 1 NIGHT-WK 3 / \$110 = 2 NIGHTS-WK 7)** + **ON HOLD**  
**ADD TSHIRT (6-11yrs) 9\$ per shirt** + \_\_\_\_\_  
**TOTAL CAMP AMOUNT =** \_\_\_\_\_  
**Less deposit (Current Date) ---- ( \$150.00)**  
**Balance to Pay (PostDated Cheque/Etransfer latest June 4, 2021)** \_\_\_\_\_

**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 28<sup>th</sup>, 2021. 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 28, 2021, an additional 10% will be deducted from your reimbursement. After June 28<sup>th</sup>, 2021, 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** \_\_\_\_\_