



March Break DATES & FEES

Registration Form

Full Day is 9am to 4pm

Half day is 9am to 12:30pm **or** 12:30pm to 4:00pm

Extended Care: 8-9am **and/or** 4-5 or 4-6pm

Prices:

Full Day: \$50/day Half Day: \$37.50/day

Weekly (Full day) Weekly (Half day)

• \$210(Early Bird Price) • \$160(Early Bird Price)

• \$ 225 (After Feb 17th, 2020) • \$ 175(After Feb 17th, 2020)

Extended Care:

\$6/hr **or** \$15 for Before & after care 8am-6pm
Additional charge after 6 pm care \$20/hr

Please circle if Full day or Half (AM or PM) day camp is needed & if extended care is required (am **and/or** pm1or2)

March 16th - 20th, 2020

Date	Camp Hours	Extended Care Hours
Monday March 16th. 2020	Full Day (9:4:00pm) Half day Am (9:12.30pm) Pm (12:30: 4pm)	•(am) 8:9am •(pm1) 4:5pm •(pm2) 4:6pm
Tuesday March 17th. 2020	Full Day (9:4:00pm) Half day Am (9:12.30pm) Pm (12:30: 4pm)	•(am) 8:9am •(pm1) 4:5pm •(pm2) 4:6pm
Wednesday March 18th. 2020	Full Day (9:4:00pm) Half Day Am (9:12.30pm) Pm (12:30: 4pm)	•(am) 8:9am •(pm1) 4:5pm •(pm2) 4:6pm
Thursday March 19th. 2020	Full Day (9:4:00pm) Half Day Am (9:12.30pm) Pm (12:30: 4pm)	•(am) 8:9am •(pm1) 4:5pm •(pm2) 4:6pm
Friday March 20th. 2020	Full Day (9:4:00pm) Half Day Am (9:12.30pm) Pm (12:30: 4pm)	•(am) 8:9am •(pm1) 4:5pm •(pm2) 4:6pm

CAMPER #1 INFORMATION:

Child's Name: _____

Child's Date of Birth:

D	D	M	M	Y	Y	Y	Y
Day	Month	Year					

Parent/ Guardian Information:

Full Name: _____

Contact Tel: _____

Email : _____

Home Address: _____

Emergency Contact:

Full Name: _____

Contact Tel: _____

Authorised to pick-up (other than named parent/guardian above):

1. Full Name: _____

2. Full Name: _____

Relationship to camper/s (if more than 1 camper is registered on this form)

1 _____

2 _____

Child's Allergies: _____

Child's Medical Conditions: _____

Health Card # _____

CAMPER #2 INFORMATION:

Child's Name: _____

Child's Date of Birth:

D	D	M	M	Y	Y	Y	Y
Day	Month	Year					

Child's Allergies: _____

Child's Medical Conditions: _____

Health Card # _____

CAMPER #3 INFORMATION:

Child's Name: _____

Child's Date of Birth:

D	D	M	M	Y	Y	Y	Y
Day	Month	Year					

Child's Allergies: _____

Child's Medical Conditions: _____

Health Card # _____

CAMPER #4 INFORMATION:

Child's Name: _____

Child's Date of Birth:

D	D	M	M	Y	Y	Y	Y
Day	Month	Year					

Child's Allergies: _____

Child's Medical Conditions: _____

Health Card # _____

Program Information

- Camps are available for kids 4 to 9 years.
 - Camp hours are from 9am - 4pm (full day) and 9am-12:30pm or 12:30-4pm (half day).
 - Extended care is available from 8-9am and 4-6pm at an additional cost (see "Fees")
 - Pre-registration is required for all camps.
 - Camp sessions will run only if minimum enrollment requirements have been met.
 - Campers are required to bring their own **NUT-FREE** snacks, lunch and a water bottle each day.
 - Morning and afternoon snacks & drinks are available at an extra charge (\$4*/day)
 - Pizza lunch is available on Fridays for campers at an extra charge \$5*.
 - Campers should arrive with socks and comfortable clothing appropriate for indoor physical activities since playtime in our award-winning indoor playground is scheduled daily.
 - Please send an extra set of clothes & socks in case of accident, particularly for kids 4 to 5 years old.
 - Please also remember to send weather - appropriate outdoor clothing and footwear (including hats, boots & gloves) in case of emergency evacuation.
 - In addition to the core themes, campers will be taking part in scheduled group activities such as arts and crafts, interactive games and movie/cartoon time.
 - For further information or to register, visit us at Unit 15-16, 407 Speers Road, Oakville, L6K 3T5; call us on 289-837-3888; visit our website: www.kidsopolis.com; or email us at kidsop@kidsopolis.com
- *Tax is extra on Snacks/drinks**

Risk Waiver & Agreement

PERMISSION FOR KIDSOPOLIS TO SEEK MEDICAL ATTENTION:

I, the undersigned, hereby authorise Kidsopolis, its employees or agents, to seek medical aid that may be required as a result of an accident or injury sustained by my child.

LIABILITY WAIVER

I, the undersigned, have read, understood, completed and signed the attached Kidsopolis liability waiver form and thereby agree that Kidsopolis, its employees or agents shall not be liable for any accident or injury sustained by my child or for any loss or damage to personal property arising from or in any way resulting from participation in Kidsopolis Camp programs.

Parent/Guardian Signature: _____

Printed Name of Parent/ Guardian: _____

Date: _____

PHOTO PERMISSION & RELEASE (optional)

I give Kidsopolis permission to photograph my child and/or take video footage. These photographs and/or videos may be used by Kidsopolis for marketing and promotional material in Kidsopolis publicans, advertisements, customer loyalty material and/or on our website and social media. Names will not be identified with any photo/video images.

Parent/Guardian Signature:

Date: _____



Reserve by Feb 17th, 2020

Get Early Bird Savings

&

ONE free playground day pass

Award-Wining Day Camps

