

Summer Scapes

Registration

PARTICIPANT INFORMATION

First & Last Name _____

Address _____

Birth Date (*dd/mm/yyyy*) _____

PARENT INFORMATION

Parent/Legal Guardian _____

Phone (Day) _____

(Cell) _____

(Eve) _____

Parent/Legal Guardian _____

Phone (Day) _____

(Cell) _____

(Eve) _____

SIGN OUT INFORMATION

Safety is a top priority to CSCL; therefore no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: _____

Phone _____

Relationship _____

Name: _____

Phone _____

Relationship _____

Please include a picture of your child for registration to be considered complete

EMERGENCY CONTACT INFORMATION

First & Last Name: _____

Phone Number (Primary): _____

Phone Number (Secondary): _____

Email Address _____

Relationship to Participant: _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: _____

Address: _____

Phone: _____

Medical Card Number: _____

Are there any medical, family circumstances or cultural requirements of which the leader should be aware of (Any known Allergies)?

Current Medications:

Does the participant have safety concerns or considerations?

Schedule Choices

Please indicate which days or weeks you would like your child to attend by circling individual days (or the whole week). Spots are first come first serve.

Please note the field trips listed below occur on the Fridays

Summer Scapes Program (Ages 6-12)			
	Field Trip Fridays	Chosen Days	Total \$\$
Week 1 July 2nd-5th	Science World	T W TH F	\$40/Day x _____ \$155/Week _____
Week 2 July 8th - 12th	Otter Co Op	M T W TH F	\$40/Day x _____ \$175/Week _____
Week 3 July 15th-19th	Clip N Climb	M T W TH F	\$40/Day x _____ \$175/Week _____
Week 4 July 22nd-26th	Manning Park	M T W TH F	\$40/Day x _____ \$175/Week _____
Week 5 July 29th-August 2nd	Bridal Falls Waterpark	M T W TH F	\$40/Day x _____ \$175/Week _____
Week 6 August 6th-9th	Vancouver Aquarium	T W TH F	\$40/Day x _____ \$155/Week _____
Week 7 August 12th-16th	Wild Play	M T W TH F	\$40/Day x _____ \$175/Week _____
Week 8 August 19th -23rd	Otter Co Op	M T W TH F	\$40/Day x _____ \$175/Week _____
TOTAL COST			

BEFORE & AFTER CARE

Please indicate which days or weeks your child will require before care and/or after care.
 Before care and after care are each \$5.00 charge - \$10 total for the day if both are required.

Summer Scapes Program (Ages 6-12)			
	Chosen Days	Before/After Care	Total \$\$
Week 1 July 2nd-5th	T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 2 July 8th - 12th	M T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 3 July 15th-19th	M T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 4 July 22nd-26th	M T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 5 July 29th-August 2nd	M T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 6 August 6th-9th	T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 7 August 12th-16th	M T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
Week 8 August 19t -23rd	M T W TH F	Before <input type="radio"/> After <input type="radio"/>	\$5.00 Each
TOTAL COST			
Total Registration Fee (Days + Childcare)			

PAYMENT INFORMATION

Please indicate below which method of payment you will be using by checking the corresponding box. Please note, debit and credit are ONLY available at our Mary Street office.

PAYMENT TYPE

- Credit/Debit
(Only available at Mary Street Office 9353 Mary Street Chilliwack)
- Cash
(Available at both Mary Street Office AND Mathieson Building)
- Etransfer
(Please Etransfer to ettransfer@cscl.org with your Childs Name and "Summer Camp" in the comments)
- Cheque
(Available at both Mary Street Office AND Mathieson Building)
- Autism Funding
Please connect with receptionist to fill out the proper forms.

Reminder: Payments are due in full prior to **July 2nd, 2024** program start.

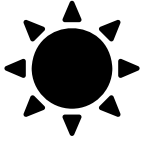
I certify that the above information is up to date and accurate

Name (Printed)

Signature:

Summer Camp

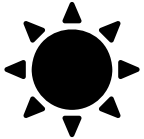
Payment Information



Payment is due before Summer Camp begins.



No refunds will be given on cancelled day(s) due to inclement weather.



No refunds will be given on participant cancelled days/weeks once payment has been received.

Please make sure to plan your chosen dates accordingly.

I, _____, certify that I have read and understand the above information.

Signature _____

Date _____