

# 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\*\*\*

<b>Summer Scapes Program (Ages 6-12)</b>			
	<b>Field Trip Fridays</b>	<b>Chosen Days</b>	<b>Total \$\$</b>
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	Bridal Falls Waterpark	M T W TH F	\$40/Day x _____ \$175/Week _____
Week 5 July 29th-August 2nd	Manning Park	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](mailto: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 program start.*

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

Name (Printed)

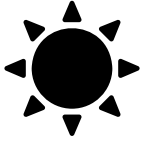
Signature:

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# Summer Camp

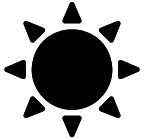
## Payment Information



***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.***

***Payment is only accepted once confirmation email has been sent.***

***I, \_\_\_\_\_, certify that I have read and understand the above information.***

***Signature \_\_\_\_\_***

***Date \_\_\_\_\_***