

2010 TD BANK CAMPER REGISTRATION FORM

To register, please complete and mail or fax page 1 and 2 to our camp office.

Visa or Mastercard details must accompany any faxed forms.

If you have any questions, please contact us:

Phone: (905)726-4275 Fax: (905)726-4278

Email: campisfun@kettlebyvalley.com



FAMILY INFORMATION

FATHER or **Guardian**

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ Email address: _____

MOTHER or **Guardian**

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Cell Phone: _____ Email address: _____

HOME ADDRESS OF CAMPER

Address: _____

City: _____ Province: _____ Postal Code: _____

FAMILY STATUS

Is there a divorce or separation in the family? No Yes If yes, who has custody? _____

Please include a note detailing custodial arrangements, adjustment problems and any other concerns

EMERGENCY CONTACTS (other than parents)

1. Full Name: _____ Relationship to Camper: _____

Home Phone: _____ WorkPhone: _____ Cell Phone: _____

2. Full Name: _____ Relationship to Camper: _____

Home Phone: _____ WorkPhone: _____ Cell Phone: _____

METHOD OF PAYMENT

AMOUNT: Early - Pay in Full (required after April 30th) _____ Pay Deposit Only (\$250 per camper) _____

METHOD: VISA _____ Mastercard _____ Cheque (enclosed) _____

Card Number: _____ Name on Card: _____

Expiry Date: Month _____ Year _____ CVVS (3 or 4 digit security code on back of card): _____

Signature: _____

CAMPER 1 INFORMATION

Last Name: _____ First Name: _____

Birth Date: Day _____ Month _____ Year _____ Grade finished by summer: _____ Girl Boy

Health Card #: _____

Camper is: Eager to attend Camp Encouraged to attend Camp

Lunch Program
Resi campers indicate meal preference here

- Regular Meals
 Vegetarian Meals

Camper receives 1:1 support in school. If yes please attach a note with details.

Group Requests - Please know that we cannot guarantee all group requests.
If it is possible, please group my child: _____

Day Camp Sessions

- Week 1 - Jul 5 - 9
 Week 2 - Jul 12 - 16
 Week 3 - Jul 19 - 23
 Week 4 - Jul 26 - 30
 Week 5 - Aug 3 - 6
 Week 6 - Aug 9 - 13
 Week 7 - Aug 16 - 20
 Week 8 - Aug 23 - 27

Residential Sessions

- R1 - Jul 11 - 16
 R2 - Jul 18 - 23
 R3 - Jul 25 - 30
 R4 - Aug 8 - 13
 R5 - Aug 15 - 20
 R6 - Aug 22 - 27

Overnight Sessions

- ON1 - July 8 - 9
 ON2 - Aug 5 - 6

Explorer Sessions

- E1 (7 Days) Jul 24 - 30
 E2 (7 Days) Aug 14 - 20

Please turn over

CAMPER 2 INFORMATION (if necessary)

Last Name: _____ First Name: _____ Birth Date: Day ____ Month ____ Year ____ Grade finished by summer: ____ Girl <input type="checkbox"/> Boy <input type="checkbox"/> Health Card #: _____ Camper is: <input type="checkbox"/> Eager to attend Camp <input type="checkbox"/> Encouraged to attend Camp		Lunch Program Resi campers indicate meal preference here <input type="checkbox"/> Regular Meals <input type="checkbox"/> Vegetarian Meals
<input type="checkbox"/> Camper receives 1:1 support in school. If yes please attach a note with details.	Group Requests - Please know that we cannot guarantee all group requests. If it is possible, please group my child: _____	
Day Camp Sessions	Residential Sessions	Overnight Sessions
<input type="checkbox"/> Week 1 - Jul 5 - 9 <input type="checkbox"/> Week 5 - Aug 3 - 6 <input type="checkbox"/> Week 2 - Jul 12 - 16 <input type="checkbox"/> Week 6 - Aug 9 - 13 <input type="checkbox"/> Week 3 - Jul 19 - 23 <input type="checkbox"/> Week 7 - Aug 16 - 20 <input type="checkbox"/> Week 4 - Jul 26 - 30 <input type="checkbox"/> Week 8 - Aug 23 - 27	<input type="checkbox"/> R1 - Jul 11 - 16 <input type="checkbox"/> R2 - Jul 18 - 23 <input type="checkbox"/> R3 - Jul 25 - 30 <input type="checkbox"/> R4 - Aug 8 - 13 <input type="checkbox"/> R5 - Aug 15 - 20 <input type="checkbox"/> R6 - Aug 22 - 27	<input type="checkbox"/> ON1 - July 8 - 9 <input type="checkbox"/> ON2 - Aug 5 - 6 <div style="background-color: #004a99; color: white; text-align: center; padding: 2px;">Explorer Sessions</div> <input type="checkbox"/> E1 (7 Days) Jul 24 - 30 <input type="checkbox"/> E2 (7 Days) Aug 14 - 20

CAMPER 3 INFORMATION (if necessary)

Last Name: _____ First Name: _____ Birth Date: Day ____ Month ____ Year ____ Grade finished by summer: ____ Girl <input type="checkbox"/> Boy <input type="checkbox"/> Health Card #: _____ Camper is: <input type="checkbox"/> Eager to attend Camp <input type="checkbox"/> Encouraged to attend Camp		Lunch Program Resi campers indicate meal preference here <input type="checkbox"/> Regular Meals <input type="checkbox"/> Vegetarian Meals
<input type="checkbox"/> Camper receives 1:1 support in school. If yes please attach a note with details.	Group Requests - Please know that we cannot guarantee all group requests. If it is possible, please group my child: _____	
Day Camp Sessions	Residential Sessions	Overnight Sessions
<input type="checkbox"/> Week 1 - Jul 5 - 9 <input type="checkbox"/> Week 5 - Aug 3 - 6 <input type="checkbox"/> Week 2 - Jul 12 - 16 <input type="checkbox"/> Week 6 - Aug 9 - 13 <input type="checkbox"/> Week 3 - Jul 19 - 23 <input type="checkbox"/> Week 7 - Aug 16 - 20 <input type="checkbox"/> Week 4 - Jul 26 - 30 <input type="checkbox"/> Week 8 - Aug 23 - 27	<input type="checkbox"/> R1 - Jul 11 - 16 <input type="checkbox"/> R2 - Jul 18 - 23 <input type="checkbox"/> R3 - Jul 25 - 30 <input type="checkbox"/> R4 - Aug 8 - 13 <input type="checkbox"/> R5 - Aug 15 - 20 <input type="checkbox"/> R6 - Aug 22 - 27	<input type="checkbox"/> ON1 - July 8 - 9 <input type="checkbox"/> ON2 - Aug 5 - 6 <div style="background-color: #004a99; color: white; text-align: center; padding: 2px;">Explorer Sessions</div> <input type="checkbox"/> E1 (7 Days) Jul 24 - 30 <input type="checkbox"/> E2 (7 Days) Aug 14 - 20

TERMS AND CONDITIONS

Enrolment is subject to the following terms and conditions:

Unless I advise you in writing, I hereby give consent for my child(ren) to participate in all activities acknowledging that such participation involves risks. I further release and absolve and agree to indemnify and save harmless Kettleby Valley and its officers, directors, employees and agents of any and all liability concerning my child's involvement in the Kettleby Valley program except such as shall arise solely as a consequence of its or their willful negligence or willful default. In the event of a medical emergency and the camp cannot contact the parent or guardian after making every effort, I hereby give permission to the physician selected by the camp director to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child(ren) named on this form.

I agree that any behaviour of my child(ren) that puts themselves or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the camp director. Expenses incurred due to dismissal from the program will be the responsibility of the parent or guardian.

I give permission for Kettleby Valley to use any photograph that my child is in for promotional material.

Please charge my credit card as noted in the 'Camp Fees' section of this registration form to apply to camp fees, which will be returned in case this registration is not accepted.

I accept the conditions outlined above.

Parent/Guardian Signature

Date

REGISTRATION INFORMATION

PAYMENT

Registrations are now subject to our Regular TD Bank Fees. A deposit of \$250 per child will be charged to your credit card to complete the online registration and the balance will be automatically charged on April 30th, 2010.

Registrations will be processed in the order that they are received in our office and will be confirmed by email. If you do not receive confirmation within 10 days, please contact our office.

Day Camp Fees include applicable taxes, transportation (see TRANSPORTATION section for details), and our regular program.

Residential and Explorer Fees, include all meals and taxes.

*As a result of the upcoming HST all registrations received on or after May 1st, 2010 will be subject to additional taxes.

REFUND POLICY

Cancellations, in writing, for each registered camper prior to May 1 will receive a refund minus a cancellation fee of \$50.00. **After May 1, 2010 refunds will not be available.** In the event that a family must cancel for medical reasons, a credit may be offered with a Doctor's note. Although we benefit from a very high approval rate from the families who choose our Camp, we make no guarantees that every child will appreciate our efforts. Therefore, in the unlikely event that a child is unhappy with our Camp Program, a refund will not be provided.

GROUP REQUESTS

Some children come to Camp with friends and siblings and would like to be placed in the same activity group. Please be aware that there are many factors involved in putting our activity groups together such as the Camper's school grade, their gender and the duration of the session they choose. We make every attempt to accommodate any requests that we receive *in writing*. However, there are occasions when these requests cannot be fulfilled.

DAY CAMP TRANSPORTATION

If you live in one of our designated bus zones, which includes most parts of Aurora, Newmarket, Maple, Richmond Hill, Oak Ridges, King City, Aurora, Newmarket, Sharon and Holland Landing, pick up and drop off at your home is included in our fees.

Please contact our office for boundary details. It may be possible to make transportation arrangements from other communities like Thornhill, Kleinburg, and Schomberg. There are also a variety of designated pick up and drop off locations available throughout the Markham and Toronto area. Contact our office for details. If you live close to the Camp, you may drop your children off as early as 7:30 am and pick them up as late as 5:30 pm at no additional cost.

CAMPER INFORMATION FORMS

After confirming your registration by mail or email you will receive additional notification that additional camper information is required. This information includes transportation details, medical matters and swimming abilities. ***This information is important to the safety and quality of our program.*** Please return these forms to us as soon as you receive them. If we do not receive the forms at least two weeks prior to your child's session, we cannot guarantee a spot on our buses.

CONSECUTIVE SESSIONS

Although we offer 1-week sessions, we have designed our program around 2-week time blocks throughout the summer. During our 9-day and 10-day consecutive sessions, (see CAMP CALENDAR page) Campers benefit from the opportunity to further develop their skills in areas such as swimming and canoeing, where they can earn their badges. Through the 9-day and 10-day sessions, we make every effort to keep Campers and Counsellors together throughout the session for consistency.

ONE NIGHT OVERNIGHT

This is an opportunity to introduce Campers to the concept of being away from home overnight without having to commit to an entire week. Our One Night Overnight Program is offered in conjunction with our Week 1 and Week 5 Day Camp Sessions and takes place from the Thursday/Friday of the week. This Program is open to a maximum of 65 Campers ages 4 1/2 to 14.

CAMP CALENDAR & FEES

We have included these calendars to assist you in planning your Camp registration. Use these calendars to choose your week(s). Please consult the CAMP FEES table at the bottom of this page for price details.

JULY

SUN	MON	TUES	WED	THUR	FRI	SAT
4	5	6	7	8 One Night Overnight	9	10
← Day Camp Week 1 →						
11	12	13	14	15	16	17
← Day Camp Week 2 →						
← Residential Session R1 →						
18	19	20	21	22	23	24
← Day Camp Week 3 →						
← Residential Session R2 →						
25	26	27	28	29	30	31
← Day Camp Week 4 →						
← Residential Session R3 →						
← Explorer Session E1 →						

AUGUST

SUN	MON	TUES	WED	THUR	FRI	SAT
1	2 Civic Holiday No Camp	3	4	5 One Night Overnight	6	7
← Day Camp Week 5 →						
8	9	10	11		13	14
← Day Camp Week 6 →						
← Residential Session R4 →						
15	16	17	18	19	20	21
← Day Camp Week 7 →						
← Residential Session R5 →						
← Explorer Session E2 →						
22	23	24	25	26	27	28
← Day Camp Week 8 →						
← Residential Session R6 →						

DAY CAMP FEES

(includes hot lunch)

- 4- Days: \$255 (Week 5 only)
- 5- Days: \$315
- 9- Days: \$570
- 10-Days: \$630
- 14-Days: \$885
- 15-Days: \$945
- 19-Days: \$1200
- 20-Days: \$1260

RESIDENTIAL CAMP FEES

\$595 Price beginning May 1st, 2010: \$623

CANOE TRIPPING FEES

\$670 Price beginning May 1st, 2010: \$700

Optional One Night Overnight Fee

\$40 Price beginning May 1st, 2010: \$41

All fees include hot meals.

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If you have questions, please do not hesitate to call us at: (905) 726-4275
or email us at: campisfun@kettlebyvalley.com