



Grace Community Services Summer Day Camp 2023

Child's Name: _____ M / F Birthday: _____
Address: _____ Postal Code: _____ Phone: _____
E-mail: _____ Health Card #: _____ Allergy: _____
Grade in Sep. 2023: _____ Language spoken at home: English _____ Mandarin _____ Cantonese _____
Mother's name: _____ Occupation: _____
Bus. #: _____ Cellular #: _____ E-mail: _____
Father's name: _____ Occupation: _____
Bus. #: _____ Cellular #: _____ How did you hear about us? _____

Fee Schedule & Information (Grade 1 – 6):

| Code | Date | Camp Fee | 8:00 am – 5:30 pm | | | Subtotal |
|---------------------|-----------------|------------|-------------------|--|--|----------|
| Registration | Waived | \$0 | | | | |
| Week 1 | Jul 04 – Jul 07 | \$136.00 | | | | |
| Week 2 | Jul 10 – Jul 14 | \$170.00 | | | | |
| Week 3 | Jul 17 – Jul 21 | \$170.00 | | | | |
| Week 4 | Jul 24 – Jul 28 | \$170.00 | | | | |
| Week 5 | Jul 31 – Aug 04 | \$170.00 | | | | |
| Week 6 | Aug 08 – Aug 11 | \$136.00 | | | | |
| Week 7 | Aug 14 – Aug 18 | \$170.00 | | | | |
| Week 8 | Aug 21 – Aug 25 | \$170.00 | | | | |
| | | | | | | |

Hours of in person camp operated from 8:00am – 5:30pm; campers must bring water bottle, own lunch and snacks;
NO Extended Hour. Late Fee applies after 5:30pm at \$1.00 per minute.

| | | |
|--|----------------------|--|
| | | |
| | Total Amount: | |

Terms of Payment:

Grace Community Services – Summer Day Camp accepts check with current date ONLY for payment of fees. Full payment is required upon registration. **All Fees are non – refundable. There will be a charge of \$50.00 per week for each amendment with available space.** GCS reserves the right to refund fee and cancel registrations if any of the camp program is over or under subscribed. Any NSF checks will be subject to a **\$50.00 charge** and we will accept cash ONLY for the full amount. **Summer Camp receipts will be mailed out by the end of October.**

Parent's Signature: _____ Date: _____

Office Use Only:

Paid \$ _____ Cash / Check # : _____

Staff Name & Signature: _____ Date: _____



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Release, Indemnity Agreement and Declaration

The undersigned agrees to release and discharge Grace Community Services and Grace Chinese Gospel Church of North York, its directors, employees, agents and servants, of and from all claims of negligence or otherwise made by or on behalf of the applicants registered on the registration form, his or her guardians, or their executors, successors, administrator, against all claims, demands, judgments and costs in any way arising out of, or relating to the applicant's participation in Grace Community Services, Summer Day Camp program.

Parent / Guardian's Signature: _____ Date: _____

We, the undersigned represent that all statement made are correct and acknowledge and agree to all terms and conditions of the applications. We further warrant that the applicant is physically capable of participating in the physical activity requested by this application.

Parent / Guardian's Signature: _____ Date: _____

Authorization

I give permission for the GCS – Summer Day Camp to take pictures or video of my child during the camp. I understand that these images and video will be the property of the GCS – Summer Day Camp and they may use them for references and promotion of the camp in the future. These images and video will also be posted on GCS website and social media.

Parent / Guardian's Signature: _____ Date: _____

Medical Information – This section must be completed

Doctor's Information:

Emergency Contact (other than parent):

Name: _____ Name: _____

Phone #: _____ Phone #: _____

Address: _____ Relationship: _____

Is there any allergy, medical or special needs information that you would like us to know? If Yes,
Please attach the details. YES _____ NO _____

(Please note that Grace Community Services – Summer Day Camp is a **Nut Free Zone.)**

Address: 201 Tempo Ave. , North York, ON. M2H 2R9

Tel: 416-520-6188,

E-mail: summercamp@gcsny.ca