



Fun on the Run Childcare Centre

56 Isa Court, Woodbridge, Ontario L4H 1J4

☎ (905) 265-7458 | www.funontherunchildcare.com

JOHNNY LOMBARDI P.S. – P.A. DAY CAMP

Place a check on the dates your child will be attending

Friday September 23, 2022

In-House: Everblast
7:00AM-5:30PM

Friday October 21, 2022

Off-Site: Splitsville
7:00AM-5:30PM

Friday November 18, 2022

In-House: Reptilia
7:00AM-5:30PM

Friday January 20, 2023

Off-Site: Cineplex
7:00AM-5:30PM

Friday February 3, 2023

In-House: Minute To Win It
7:00AM-5:30PM

Friday June 2, 2023

Off-Site: Downey's Farm
7:00AM-5:30PM

FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____

Cash

E-Transfer

Subsidy

Pizza Lunch Included

CHILD'S INFORMATION

Please complete the registration form in full – one per child

First Name: _____ Last Name: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Gender: Male Female Weight (in pounds): _____ Height (in feet): _____

PARENT/GUARDIAN INFORMATION

Parent Name: _____ **Parent** Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

MEDICAL INFORMATION

Does your child have an anaphylactic allergy or a medical need? (Please Check) NO YES

If you checked YES, please contact Fun on the Run's Head Office to receive additional required forms for your child

Other: _____ Allergies: _____

Hearing Difficulties: _____ Sight Difficulties: _____ Skin Condition: _____

Is Special Attention Required? (Development, Behaviour, Diet, Rest, Speech, etc.) NO YES

If so, please describe: _____

Is your child under any form of treatment/medication for an illness or an injury? _____

If so, would it interfere with their participation in the Summer Camp program? _____

FAMILY DOCTOR INFORMATION

Name of Family Doctor: _____ Office Phone: _____

Full Address: _____ Suite #: _____ City: _____

EMERGENCY CONTACT

Full Name: _____ Home Phone: _____ Cell Phone: _____

PERMISSION TO PICK UP

1. Full Name: _____ Primary Contact Number: _____

2. Full Name: _____ Primary Contact Number: _____

I understand that full fees are required for the dates in which I have registered. I understand that I will not be able to cancel once my payment is received by Fun on the Run. I understand that there will be a \$30.00 charge for NSF (Non-Sufficient Funds) payments. **NO REFUNDS.**

I grant permission for my child to participate in all P.A. Day Camp programs and activities. I have read and agree to the terms and will notify the Centre of any changes in writing. In case of an emergency, I grant permission for my child to be taken to a hospital and treated by the on-duty physician.

PARENT NAME (PRINT)

PARENT SIGNATURE

DATE

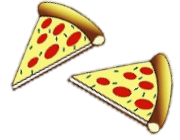


Fun on the Run Childcare Centre

56 Isa Court, Woodbridge, Ontario L4H 1J4
☎ (905) 265-7458 | www.funontherunchildcare.com



PIZZA NOVA ORDER FORM **SUBMIT ONE ORDER FORM PER CHILD** **P.A. Day Camp [2022 - 2023]**



SCHOOL LOCATION

Place a check next to your child's school location.

- Johnny Lombardi P.S. Michael Cranny P.S. Nellie McClung P.S.
 Pope Francis C.E.S. St. Elizabeth of Seton C.E.S.

Child's Full Name: _____ Age (Please Check): Kindergarten School-Age

Please note: All pizza slices come with cheese ONLY – NO substitutions.
Pizza slices are EXTRA-LARGE, meaning that (1) slice is equivalent to (2) slices in a party size pizza.

The cost for each extra-large slice is \$5.25 – Cash or E-Transfer.



Friday September 23, 2022 \$5.25 x _____ slices = \$ _____

Friday November 18, 2022 \$5.25 x _____ slices = \$ _____

Friday February 3, 2023 \$5.25 x _____ slices = \$ _____

FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____

Cash E-Transfer

Total Payment: \$ _____

If you are paying with cash, please provide the exact amount. No change will be provided.



Fun on the Run Childcare Centre

56 Isa Court, Woodbridge, Ontario L4H 1J4

(905) 265-7458 | www.funontherunchildcare.com

METHOD OF PAYMENT

Fees Included – Please Check

Registration Fee: \$48.00 (Per Day, Per Child)

Pizza Lunch Fee: \$ _____ (Per Slice, Per Child)

Number of Children: _____

Payment Submitted with Sibling: YES NO

Full Name of Sibling: _____

CASH

E-TRANSFER

(Follow instructions below)

TOTAL AMOUNT: _____

E-TRANSFER AGREEMENT

RECIPIENT INFORMATION

Name of Organization: Fun on the Run

Email Address: camps@funontheruncentre.com

IMPORTANT: If you are submitting more than one payment via e-transfer (i.e. registering siblings), ensure to only submit ONE (1) transaction (payments combined), in order to limit the number of e-transfer payments.

Please note: All e-transfer payments must be sent to the administration email provided above only. Ensure to provide your child's FULL NAME and CAMP LOCATION in the NOTES section within the e-transfer.

PLEASE NOTE: All monies will be deposited automatically via e-transfer. Families are no longer required to provide a question and answer upon providing an e-transfer payment.

SENDER INFORMATION

Full Name (Please Print): _____

Email Address: _____

Phone Number: _____

TRANSFER DETAILS

Banking Institution: _____

Payment Purpose: _____

(Example: "P.A. Day Camp Registration")

Please ensure to complete this form in its entirety. If you have any questions, comments or concerns regarding e-transfer payments, please contact Fun on the Run's administrative team directly via email at camps@funontheruncentre.com.