



# Fun on the Run Childcare Centre

16-260 Regina Road. Woodbridge, Ontario. L4L 8P8.

☎ (905) 265-7458 | [www.funontherunchildcare.com](http://www.funontherunchildcare.com)

## ST. ELIZABETH OF SETON C.E.S. – P.A. DAY CAMP

Place a check  on the dates your child will be attending

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Friday September 22, 2023</b><br><b>In-House: Super Science</b><br>7:00AM-5:30PM    | <input type="checkbox"/> <b>Friday October 20, 2023</b><br><b>Off-Site: Stellar Lanes</b><br>7:00AM-5:30PM    | <input type="checkbox"/> <b>Friday November 17, 2023</b><br><b>In-House: Astronomy in Action</b><br>7:00AM-5:30PM |
| <input type="checkbox"/> <b>Friday January 19, 2024</b><br><b>Off-Site: Cineplex Newmarket</b><br>7:00AM-5:30PM | <input type="checkbox"/> <b>Friday February 2, 2024</b><br><b>In-House: Minute to Win It</b><br>7:00AM-5:30PM | <input type="checkbox"/> <b>Friday June 7, 2024</b><br><b>Off-Site: Downey's Farm</b><br>7:00AM-5:30PM            |
|   |   | <input type="checkbox"/> <b>Friday June 28, 2024</b><br><b>In-House</b><br>7:00AM-5:30PM                          |

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

- Cash    E-Transfer  
 Subsidy  
 Pizza Lunch Included  
 Camp Shirt Included

### \*NEW\* Youth Camp Shirt Sizing

- S    M    L    XL

### 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

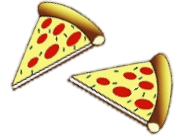
\_\_\_\_\_  
DATE



Fun on the Run Childcare Centre  
 16-260 Regina Road. Woodbridge, Ontario. L4L 8P8.  
 ☎ (905) 265-7458 | [www.funontherunchildcare.com](http://www.funontherunchildcare.com)



**PIZZA NOVA ORDER FORM**  
**SUBMIT ONE ORDER FORM PER CHILD**  
**P.A. Day Camp [2023 - 2024]**



**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 22, 2023                      \$5.25 x \_\_\_\_\_ slices = \$ \_\_\_\_\_  
 Friday November 17, 2023                      \$5.25 x \_\_\_\_\_ slices = \$ \_\_\_\_\_  
 Friday February 2, 2024                         \$5.25 x \_\_\_\_\_ slices = \$ \_\_\_\_\_  
 Friday June 28, 2024                              \$5.25 x \_\_\_\_\_ slices = \$ \_\_\_\_\_

**Total Payment: \$ \_\_\_\_\_**

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

- Cash     E-Transfer

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



## METHOD OF PAYMENT

**Fees Included** – Please Check

Registration Fee (CWELCC): \$22.68 (Per Day, Per Child)

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

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

Camp Shirt Fee: \$15.00 (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](mailto: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")*