

MICHAEL CRANNY P.S. – WINTER BREAK CAMP 2023
Place a check on the dates your child will be attending.

<input type="checkbox"/> MONDAY – JANUARY 2 7:00AM – 5:30PM	<input type="checkbox"/> TUESDAY – JANUARY 3 7:00AM – 5:30PM	<input type="checkbox"/> WEDNESDAY – JANUARY 4 7:00AM – 5:30PM
<input type="checkbox"/> THURSDAY – JANUARY 5 7:00AM – 5:30PM	<input type="checkbox"/> FRIDAY – JANUARY 6 7:00AM – 5:30PM	**Part Time Care will open on December 2nd based on availability**



FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____

Cash E-Transfer

York Region Subsidy

Pizza Payment 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 medical need? (Please Check) NO YES
If you checked YES, please contact Head Office to receive the proper 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 Winter Break Camp program? _____

FAMILY DOCTOR INFORMATION

Name of Family Doctor: _____ Office Phone: _____

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 that 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 (Insufficient Funds) payments.

I grant permission for my child to participate in all Winter Break Camp programming. I have read and understood this form 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

PIZZA NOVA ORDER FORM
SUBMIT ONE ORDER FORM PER CHILD
Winter Break Camp 2023



Please submit order form and payment, along with Winter Break Camp registration form.

SCHOOL LOCATION

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Johnny Lombardi P.S. | <input type="checkbox"/> Michael Cranny P.S. | <input type="checkbox"/> Nellie McClung P.S. |
| <input type="checkbox"/> Pope Francis C.E.S. | <input type="checkbox"/> St. Elizabeth of Seton C.E.S. | |

Child's Full Name: _____ Grade (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 of each extra-large slice is \$5.25 – Cash or E-Transfer.



Friday January 6th, 2023

\$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.***

MEDIA CONSENT FORM

Winter Break Camp [2023]

Attn: Parent(s)/Guardian(s)

Throughout our Winter Break Camp program, Fun on the Run’s qualified educators will be taking photos of your child engaged in learning, in an effort to use the data as pedagogical documentation. This will help to make your child’s experience at Fun on the Run visible within our program outlets (social media).

Documentation of photos will also be used to share within our monthly newsletters, our private and public online platform on *Instagram*, and Fun on the Run’s website (www.funontherunchildcare.com).

We are asking for your cooperation by consenting to have your child’s photograph and work used for the purposes described above.

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I **VOLUNTARILY** GIVE FUN ON THE RUN CONSENT TO INCLUDE MY CHILD’S PHOTOS AND WORK ON PROGRAM BULLETIN BOARDS, MONTHLY NEWSLETTERS, INSTAGRAM AND FUN ON THE RUN’S WEBSITE.

I understand that this consent is only valid for the 2023 Winter Break Camp program and may be withdrawn by me at any time, upon written notice.

Child’s Full Name	Date of Submission
Name of Parent/Guardian (Print)	Signature of Parent/Guardian

I DO NOT PROVIDE MEDIA CONSENT FOR MY CHILD AT FUN ON THE RUN.

Permission to Participate in Off-Site Walking Excursions

Winter Break Camp [2023]

Child's Information	
First Name	Last Name

Parent/Guardian permission is required for your child to participate in camp-related walking excursions within the nearby school community and within walking distance of the school (i.e. walks to the local park) during Winter Break Camp. Such excursions must be approved by the Supervisor on-site and supervised by Fun on the Run's qualified team of staff. Where feasible, Fun on the Run will notify parents/guardians of these activities in advance, through e-mail or through posted daily itineraries.

Please check (☑):

- I **DO** give permission for my child to participate in camp-related walking excursions as described above.
- I **DO NOT** give permission for my child to participate in camp-related walking excursions as described above.

Name of Camp Location	Date of Submission
Name of Parent/Guardian (Print)	Signature of Parent/Guardian

METHOD OF PAYMENT

Fees Included – Please Check

FT Registration Fee: \$300.00 (Week, Per Child)

PT Registration Fee: \$75.00 (Per Day, Per Child)

Grip Sock Fee: \$2.00 (Per Child)

Pizza Lunch Fee: \$ _____

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: "Winter Break 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.