

**JOHNNY LOMBARDI P.S. – WINTER BREAK CAMP 2023**

*Place a check  on the dates your child will be attending.*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>MONDAY – JANUARY 2</b><br>7:00AM – 5:30PM   | <input type="checkbox"/> <b>TUESDAY – JANUARY 3</b><br>7:00AM – 5:30PM | <input type="checkbox"/> <b>WEDNESDAY – JANUARY 4</b><br>7:00AM – 5:30PM |
| <input type="checkbox"/> <b>THURSDAY – JANUARY 5</b><br>7:00AM – 5:30PM | <input type="checkbox"/> <b>FRIDAY – JANUARY 6</b><br>7:00AM – 5:30PM  |  |

**\*\*Part Time Care will open  
on December 2<sup>nd</sup> 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**

<b>Parent</b> Name: _____	<b>Parent</b> 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 6<sup>th</sup>, 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](http://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.

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

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.

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

## 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 Socks 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](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: "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](mailto:camps@funontheruncentre.com).*