



Fun on the Run Childcare Centre

56 Isa Court, Woodbridge, Ontario L4H 1J4

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

MICHAEL CRANNY P.S. – P.A. DAY CAMP

Place a check on the dates your child will be attending

- | | | |
|---|--|--|
| <input type="checkbox"/> Friday September 23, 2022
In-House: Minute To Win It
7:00AM-5:30PM | <input type="checkbox"/> Friday October 21, 2022
Off-Site: Splitsville
7:00AM-5:30PM | <input type="checkbox"/> Friday November 18, 2022
In-House: Reptilia
7:00AM-5:30PM |
| <input type="checkbox"/> Friday January 20, 2023
Off-Site: Cineplex
7:00AM-5:30PM | <input type="checkbox"/> Friday February 3, 2023
In-House: Everblast
7:00AM-5:30PM | <input type="checkbox"/> 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

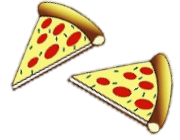


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PIZZA NOVA ORDER FORM **SUBMIT ONE ORDER FORM PER CHILD** **P.A. Day Camp [2022 - 2023]**



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.



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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.