



Fun on the Run Pre-School Centre

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

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

TANYA KHAN P.S. – P.A. DAY CAMP

Place a check on the dates your child will be attending

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Friday September 27, 2024
Fun Day!
7:00AM-5:30PM | <input type="checkbox"/> Monday October 21, 2024
Downey's Farm
7:00AM-5:30PM | <input type="checkbox"/> Friday November 15, 2024
Cineplex Vaughan
7:00AM-5:30PM | |
| <input type="checkbox"/> Friday January 17, 2025
Art (TBD)
7:00AM-5:30PM | <input type="checkbox"/> Friday January 31, 2025
Super Science
7:00AM-5:30PM | <input type="checkbox"/> Monday June 9, 2025
Splitsville Vaughan
7:00AM-5:30PM | <input type="checkbox"/> Friday June 27, 2025
Minute to Win It
7:00AM-5:30PM |

FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____

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

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. **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

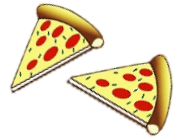
DATE



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PIZZA NOVA ORDER FORM
SUBMIT ONE ORDER FORM PER CHILD
P.A. Day Camp [2024 - 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. Tanya Khan P.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 27, 2024 \$5.25 x _____ slices = \$ _____
 Friday January 17, 2025 \$5.25 x _____ slices = \$ _____
 Friday January 31, 2025 \$5.25 x _____ slices = \$ _____
 Friday June 27, 2025 \$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.



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INFORMED CONSENT/PERMISSION FORM FOR OFF-SITE EXCURSIONS (TRANSPORTATION)

THIS FORM MUST BE READ AND SIGNED BY A PARENT/GUARDIAN WISHING TO ENROLL THEIR CHILD IN THE OFF-SITE EXCURSIONS SELECTED BELOW. **PLEASE CHECK (☑) OFF THE EXCURSIONS YOU WOULD LIKE YOUR CHILD TO ATTEND:**

DOWNEY'S FARM

CINEPLEX VAUGHAN

SPLITSVILLE VAUGHAN

TRIP DATE: OCTOBER 21ST, 2024

TRIP DATE: NOVEMBER 15TH, 2024

TRIP DATE: JUNE 9TH, 2025

ELEMENTS OF RISK:

Educational activities that take place outside of the program involve certain elements of risk, some of which are connected with transportation and traffic. Accidents may occur while participating in activities or while being transported to and from educational destinations outside of the school. Other elements of risk can also include: falls, collisions, and other incidents, causing injury. The following list includes, but is not limited to examples of the types of injuries that may occur:

1. *Bumps & bruising; muscle sprain & strain*
2. *Fainting; shortness of breath; dehydration*
3. *Cuts & scrapes; broken bones; dental injuries*

4. *Concussion; hit or blow to head*
5. *Head, neck and back injuries*
6. *Dismemberment; cutting, tearing*

The risk of sustaining these types of injuries result from the nature of the activities and can occur without any fault of either the child, Fun on the Run Pre-School Centre and its employees, the transporter (Landmark Bus Lines) and its employees, or the facility where the activities are taking place. By choosing to take part in the activities selected above, you, the parent/guardian are accepting the risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activities. If you choose for your child to participate in the selected off-site excursions on the date(s) indicated above, you must understand that you bear the responsibility for any injury that might occur.

CONCUSSIONS:

Concussions will be monitored if a child has sustained a hit or blow to the head or body and shows signs or symptoms of concussion. Management of concussion is key to supporting the child during recovery. Please be advised that your child will be asked to seek medical attention if signs and symptoms of concussion arise. You are advised to view Dr. Evans's YouTube video with your child prior to the trip <http://www.youtube.com/watch?v=55YmbIG9YM>.

ACKNOWLEDGEMENT:

I HAVE READ THE ABOVE STATEMENT REGARDING **ELEMENTS OF RISK AND CONCUSSIONS**. I UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITIES SELECTED ABOVE, I AM ASSUMING THE RISKS ASSOCIATED WITH DOING SO.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

CONSENT/PERMISSION:

I GIVE _____ PERMISSION TO PARTICIPATE IN THE OFF-SITE EXCURSIONS THAT I, THE PARENT/GUARDIAN, SELECTED ABOVE (☑), ON THE DATES THAT ARE WRITTEN ABOVE BY ME.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



METHOD OF PAYMENT

Fees Included – Please Check

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

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.

SENDER INFORMATION

Full Name (Please Print): _____

Email Address: _____

Phone Number: _____

TRANSFER DETAILS

Banking Institution: _____

Payment Purpose: _____

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