



# Fun on the Run Pre-School Centre

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

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

## POPE FRANCIS C.E.S. – P.A. DAY CAMP

Place a check  on the dates your child will be attending

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

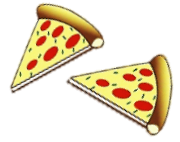
\_\_\_\_\_  
DATE



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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 21<sup>ST</sup>, 2024**

**TRIP DATE: NOVEMBER 15<sup>TH</sup>, 2024**

**TRIP DATE: JUNE 9<sup>TH</sup>, 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 (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.

### SENDER INFORMATION

Full Name (Please Print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### TRANSFER DETAILS

Banking Institution: \_\_\_\_\_

Payment Purpose: \_\_\_\_\_

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