



Fun on the Run Pre-School Centre.

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

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

MARCH BREAK CAMP – POPE FRANCIS C.E.S.

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

Monday March 10, 2025
7:00AM – 5:30PM

Tuesday March 11, 2025
7:00AM – 5:30PM

Wednesday March 12, 2025
7:00AM – 5:30PM

Thursday March 13, 2025
7:00AM – 5:30PM

**Pizza lunch offered on
Monday & Friday!**



Friday March 14, 2025
7:00AM – 5:30PM

FOR OFFICE USE ONLY:

Date Received: _____

Payment Amount: _____

- Cash E-Transfer
- Subsidy
- Pizza Payment Included
- Camp Shirt Payment 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 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 March 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 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 grant permission for my child to participate in all March Break Camp programs and activities. 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



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PIZZA NOVA ORDER FORM
SUBMIT ONE ORDER FORM PER CHILD
March Break Camp 2025



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.

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.



Monday March 10, 2025 \$5.25 x _____ slices = \$ _____

Friday March 14, 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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MEDIA CONSENT FORM
March Break Camp [2025]

Attn: Parent(s)/Guardian(s)

Throughout our March Break Camp program, Fun on the Run's qualified educators will be taking photos of your child engaged in learning, 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 2025 March 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.



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PERMISSION TO PARTICIPATE IN OFF-SITE WALKING EXCURSIONS

March Break Camp [2025]

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 March 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.



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AUTHORIZATION FOR NON-PRESCRIPTION SKIN PRODUCTS

March Break Camp [2025]

Throughout our March Break program, there may be non-prescription skin products that **you may provide** your child with to be administered daily. Therefore, this form has been provided to **authorize consent for Fun on the Run team members to support your child in the application of the following items:**

- Sunscreen
- Lip Balm
- Insect Repellent
- Lotions
- Hand Sanitizers
- Diaper Cream/Ointment **(children with exceptionalities only)**
- Other: _____

ACKNOWLEDGEMENT

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I **AUTHORIZE** MY CONSENT FOR FUN ON THE RUN TO ADMINISTER AND/OR ASSIST MY CHILD WITH THEIR PROVIDED NON-PRESCRIPTION SKIN PRODUCTS.

I understand that this consent is only valid for the 2025 March 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 CONSENT FOR AUTHORIZATION OF NON-PRESCRIPTION SKIN PRODUCTS ON MY CHILD AT FUN ON THE RUN.



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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:**

THE BUBBLE VAUGHAN

TRIP DATE: TUESDAY MARCH 11TH, 2025

YOUNG PEOPLE'S THEATRE

TRIP DATE: THURSDAY MARCH 13TH, 2025

ELEMENTS OF RISK:

Educational activities that take place outside of the program involve certain elements of risk, some of which relate to 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:

- | | |
|---|---|
| <i>1. Bumps & bruising; muscle sprain & strain</i> | <i>4. Concussion; hit or blow to head</i> |
| <i>2. Fainting; shortness of breath; dehydration</i> | <i>5. Head, neck and back injuries</i> |
| <i>3. Cuts & scrapes; broken bones; dental injuries</i> | <i>6. Dismemberment; cutting, tearing</i> |

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) 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 always following instructions 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: _____



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METHOD OF PAYMENT

Fees Included – Please Check

FT Registration Fee (CWELCC): \$110.00 (Week, Per Child)

PT Registration Fee (CWELCC): \$22.00 (Per Day, Per Child)

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

FT Additional Fees (Bus/Admission Costs): \$25.00 (Week, Per Child)

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

Pizza Lunch Fee: \$ _____

Camp Shirt Fee: \$15.00 (Per Child)

CASH

E-TRANSFER

(Follow instructions below)

TOTAL AMOUNT: \$ _____

Number of Children: _____

Payment Submitted with Sibling: YES NO

Full Name of Sibling: _____

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: "March 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.