



The Quintilian Way Summer Camp

Registration Form

41 Baiden Street

Kingston, ON K7M 2J9

www.quintilianway.com

613 542 0400

admin@quintilianway.com

CHILD INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____

School: _____ Grade: (as of 09/18) _____

GUARDIAN INFORMATION #1

Name: _____

Please circle the phone number you prefer to use as your default during the camp day.

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

GUARDIAN INFORMATION #2

Name: _____

Please circle the phone number you prefer to use as your default during the camp day.

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

AUTHORISED FOR PICK-UP

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Relationship to Child: _____

Name: _____ Phone: _____

Relationship to Child: _____



MEDICAL INFORMATION

Child's Full Name: _____

Sex:

M:

F:

Health Card #: _____

Expires: _____

Does your child have any allergies?

Yes

No

Does your child have an EpiPen for allergic reactions?

Yes

No

Please specify: _____

Does your child take any other medications?

Yes

No

Please specify: _____

Please note: All medications must be clearly labeled with your child's name and dosage instructions. Guardians must hand over the medication to the lead staff for storage. No student may carry medication with them during the camp day or on excursions.

Other Medical Information: _____



CAMPER PROFILE

What are your child's strengths?

What areas/situations does your child find challenging?

PAYMENT INFORMATION

Deposit: A minimum deposit of 50% per child per camp week is required upon registration to reserve your child's spot. The remaining amount is due by June 1 2017.

Please include a post-dated cheque for this amount with your registration. A \$25.00 fee applies to any NSF cheques.

Cheques should be made out to THE QUINTILIAN WAY.

CANCELLATION/MODIFICATION POLICY

No refunds for cancellations after June 1 2018.

Cancellations prior to June 1 2017 are subject to a \$50.00 administration fee.



CAMP SCHEDULE AND COSTS

- **Regular Camp** is **\$175.00** per week per child.
- Regular Camp hours are from 9:00 am to 4:00 pm, Monday to Friday of every week of camp.
- Extended Camp hours are from 8:00 am to 9:00 am and from 4:00 pm - 5:00 pm ONLY at a cost of \$40 per week
- Extended Camp Care **MUST** be registered for in advance.
- You will be invoiced \$10/15 minutes of unregistered time (i.e. early drop off or late pick up)

JULY 9 - 13	CELEBRATION WEEK
Every day is a different celebration: Happy Birthday, Halloween, St. Patrick's Day, Thanksgiving, Christmas	Cost: \$175.00 <input type="checkbox"/> Select Extended Care: \$40.00 <input type="checkbox"/> Select

JULY 16 - 20	GAME WEEK
Every day is a new game theme. Join us for life sized board games, make your own card games, real life video games and try your luck on a game show	Cost: \$175.00 <input type="checkbox"/> Select Extended Care: \$40.00 <input type="checkbox"/> Select

JULY 23 - 27	CHALLENGE WEEK
Join us for a week of challenges: each day has a different challenge theme: Construction, Food, Inventions, Science, Survival	Cost: \$175.00 <input type="checkbox"/> Select Extended Care: \$40.00 <input type="checkbox"/> Select

JULY 30 - AUG 3	MYTHS AND LEGENDS WEEK
Join us for a week of Norse, Greek, Roman, Egyptian and Chinese mythology adventures	Cost: \$175.00 <input type="checkbox"/> Select Extended Care: \$40.00 <input type="checkbox"/> Select

AUGUST 13 - 17	BLOCKBUSTER WEEK
Each day we will remake a different movie: ET, Alice in Wonderland, Aladdin, Harry Potter, Teenage Mutant Ninja Turtles	Cost: \$175.00 <input type="checkbox"/> Select Extended Care: \$40.00 <input type="checkbox"/> Select



WAIVER

I hereby release, waive and forever discharge The Quintilian Way Inc (962741-3), and their employees of and from all claims arising from participation in any activity unless such injury, loss or damage is caused by the sole negligence of The Quintilian Way, or its employees while acting within the scope of their duties. I permit my child to attend Quintilian Summer Club. I provide permission for my child to participate in the full range of activities, unless I notify Quintilian Summer Camp otherwise in writing. I authorize the program director, in the event of accident or illness affecting my child, to approve all procedures and related expenses, including admission to the hospital, surgery, anesthesia, injections or any other necessary treatment therein, as deemed essential for the care and well-being of my child. Such action is to be taken only when immediate contact with the undersigned or the emergency contact cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, The Quintilian Way Inc (962741-3)/ Quintilian (1745129 Ontario Inc), shall not be held responsible for any accident or sickness affecting my child, or for any loss or damage to his/her personal property.

Printed Name

Signature of Parent/ Guardian

Date