

Rolph Road / Leaside Day Care Centres

INFANT/PRE-SCHOOL 416-487-5862

SCHOOL AGE 416-421-3862

SUMMER CAMP 2013

- Rolph Road Day Care is offering a variety of Day Camps this summer at its school age site located at Rolph Rd School, 31 Rolph Rd.
- Whether it is for one week or two months, our camps are the ideal solution for children aged 4-12 years who require supervised activities when the school year ends. The camps are well planned, thoughtful and fun, from beginning to end.
- All camps are operated from 9 am – 4 pm. Childcare will be provided from 7:30 am – 9 am, and 4- 6 pm.
- Lunch and two snacks are served during the day providing full nutritional needs.
- All camps have indoor facilities for rainy days.
- Groups are kept small to ensure individual attention and safety.
- Experienced day care professionals, who provide stimulating programs in a caring environment, operate all camps.

Camps Available

MUSIC	Musical appreciation, songs, games, dancing, musical instrumentation.
DANCE	Learn basic dance from a qualified dance teacher.
SPORTS & GAMES	Sports, co-operative play and activities help develop your child's social skills, creativity & athletic abilities.
SWIMMING & WATER PLAY	Recreational swimming. Water sports at the daycare.
ARTS & CRAFTS	Let your child explore their own creativity with a great selection of arts and crafts for all ages.

Last week of Camp, children enrolled for that week will enjoy a fun filled day of water play, Bouncy castles, obstacle courses and more.

Please make your decisions, re camp choices, as this year's planning will not allow for last minute changes.

Leaside Daycare Centre, 206 Laird Dr., Suite 100, Toronto, ON, M4G 3W4, 416-487-5862

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HOW TO REGISTER

FILLING IN THE REGISTRATION FORM

1. Read the Camp Outlines.
2. Choose the WEEKS you want your child(ren) to attend.
3. Fill out a registration form for each child. If you need more than one registration form, make photocopies or call 416-487-5862.
4. Fees are \$275.00 per week, except the week of July 1st & August 5th, which is \$230.00.

PAYMENT

Each registration form must be accompanied by payment in full.

- a. By cash or cheque for the full fee at the time of registration.
- b. For families who belong to Rolph Rd/Leaside Daycare payment can be paid each month, dated 1st of the month. Families who are joining us for the summer only cheques need to be dated no later than June 15th 2013.
- c. One time fee of \$10.00 for camp T-shirt.

REFUND POLICY

Refunds on the balance of camp fees may be considered if requested in writing and received by Rolph Road Day Care at least 30 days prior to the start of the camp.

Enclose Registration form and payment and mail to:

Rolph Road Day Care Summer Camp 2013
206 Laird Dr, Suite 100
Toronto, ON, M4G 3W4

Registration must be received by June 1st, 2013. For more information call Janet Moreau at :416-487-5862.

Please note that the camp and Rolph Rd. Day Care will be closed July 1st, August 5th and the week of August 26th – August 30th, 2013 inclusive for all students.

Rolph Road Daycare Centre, 31 Rolph Rd., Toronto, ON, M4G 3M5, 416-421-3862
Saint Anslem Daycare Centre, 182 Bessborough Dr., Toronto, ON, M4G 4H5, 416-483-5700

ROLPH ROAD / LEASIDE DAYCARE CENTRE
Infant Toddler Preschool School Age



Child's Name: _____
(first) (middle) (last)

Date of Birth: ____/____/____ Date Started: ____/____/____
yyyy mm dd yyyy mm dd

Allergies: _____

Anaphylactic Reaction? Yes No

Additional Concerns: _____

Parent/Guardian 1
Name: _____
Relationship: _____
Please Check Primary # (Select One)
 (____) ____ - _____
 (____) ____ - _____
 (____) ____ - _____ ext. _____
Home Address: _____

Work Address: _____

Parent/Guardian 2
Name: _____
Relationship: _____
Please Check Primary # (Select One)
 (____) ____ - _____
 (____) ____ - _____
 (____) ____ - _____ ext. _____
Home Address: _____

Work Address: _____

Physician's Name: _____
Physician's Address: _____
OHIP Number: _____
(optional)

Emergency Contact 1
(other than Parent/Guardian 1 & 2)
Name: _____
Relationship: _____
Please Check Primary # (Select One)
 (____) ____ - _____
 (____) ____ - _____
 (____) ____ - _____ ext. _____

Emergency Contact 2
(other than Parent/Guardian 1 & 2)
Name: _____
Relationship: _____
Please Check Primary # (Select One)
 (____) ____ - _____
 (____) ____ - _____
 (____) ____ - _____ ext. _____

Who can this child be released to (other than Parent/Guardian 1 & 2)?
1) Name: _____ Relationship: _____
2) Name: _____ Relationship: _____
3) Name: _____ Relationship: _____

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REGISTRATION FORM

The children are put in age appropriate groups and rotate through the different camps

Please indicate T-shirt size: 6 - 8 yrs: small
 8 -10 yrs: medium
 10-12 yrs: large
 12-14 yrs: XL

Week Choices

Please indicate which week(s) the camper will attend:

Week Number	From Day:	To Day:	Amount	Balance
<input type="checkbox"/>	July 2	July 5	\$230	
<input type="checkbox"/>	July 8	July 12	\$275	
<input type="checkbox"/>	July 15	July 19	\$275	
<input type="checkbox"/>	July 22	July 26	\$275	
<input type="checkbox"/>	July 29	August 2	\$275	
<input type="checkbox"/>	August 6	August 9	\$230	
<input type="checkbox"/>	August 12	August 16	\$275	
<input type="checkbox"/>	August 19	August 23	\$275	

Number of weeks registered: _____

Total cost of postdated cheques: _____

Trip Agreement

I consent to my child being taken on outings using public transit or camp bus. I understand that the ratio will be no higher than 5 campers per adult.

Date

Signature of Parent or Guardian

In case of a medical emergency when we are not immediately available for consultation, I hereby authorize the physician selected by the Camp Director to hospitalize secure proper treatment for and to order injections, anesthesia or surgery for the camper as named above.

Date

Signature of Parent or Guardian