

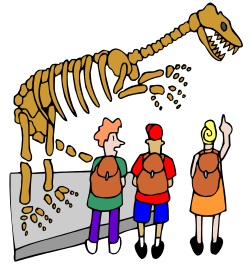


www.ApplegroveCC.ca



Applegrove Holiday Break Program

(Tuesday, Jan. 2 – Friday, Jan. 5, 2018)
For Children Ages 6-12 years



- Location:** 60 Woodfield Road (in Duke of Connaught School)
- Costs:**
Regular Camp: \$110 for 9:00 a.m. – 5:00 p.m. Tuesday to Friday
(Limited subsidies available)
- Before or After Care:** \$125, if you need before (8 – 9 a.m.) and/or after (5-6 p.m.) care.
- Contact:** 416-461-8143
- Registration:** Come to the Applegrove office for registration form.
Payment is required to confirm spot.
- Deadline:** ***Registration begins Friday, November 10. Deadline for afterschool participants is Friday, November 24, 2017. After this date, open registration will begin.***

Come join us over the Holiday Break for fun-filled activities such as crafts, active games, trips, cooking and special events. A healthy snack is provided each day. For more information or to register your child, please call 416-461-8143. Register early to avoid disappointment.

Limited spaces available.

Please note:
A minimum number of participant registrations are needed in order to run the program.



Applegrove Holiday Break Program

Applegrove is committed to maintaining services for children ages 6 – 12 years and is offering a Holiday Break Program from Tuesday, January 2 to Friday, January 5, 2018.

The Applegrove Holiday Break Program will be packed with lots of fun and excitement for children ages 6-12! It's a great place to meet new friends and see familiar faces from the neighbourhood. As always, we've got some terrific activities planned. A healthy snack each day; baking, creative arts, cooking, trips and kid's choice will keep participants busy.

Trained staff will also provide a safe, secure and structured environment where children from all backgrounds can develop their own potential, self-confidence and sense of responsibility. This is accomplished through a variety of social, educational, cultural and recreational activities.

Cheques should be made payable to "Applegrove Community Complex"

Program Information

- Regular Hours:** 9 a.m. to 5 p.m. Program starts at 9 a.m.; please notify office of late arrivals. Any pick-ups after 5 p.m. will result in a late payment fee of \$1.00 per minute. There will be a 10 minute grace period for the **first occurrence**.
- Fee:** \$110 per child (Limited subsidy available) which includes transportation, activities, and admission fees for trips.
- Before or After Care:** 8 a.m. to 9 a.m. Early drop-off period before regular camp hours.
5 p.m. to 6 p.m. Late pick-up period after regular camp hours.
- Fee:** \$15 for before and/or after care for the four days
- Snacks:** A healthy snack and drink will be provided each day of program at no additional cost. Please identify any allergies on registration form.
- Lunches:** Please send a **NUT-FREE lunch** and a drink every day. Lunches **are not refrigerated** (mayonnaise and lunch meats can spoil quickly) and glass bottles and containers are not allowed.
- Behaviour:** Serious misbehaviour such as kicking, punching, racial slurs and verbal/physical threats **are completely unacceptable in our program**. Repeated acting out may result in suspension from the program.
- Absences:** Please call Applegrove Office 416-461-8143 to notify staff of any absences.

For more information, drop by the Applegrove Office at 60 Woodfield Road (inside the Duke of Connaught School) or call 416-461-8143.

Please Register As Soon As Possible - Spaces Are Limited!

Applegrove Holiday Break Camp (Jan 2 - 5, 2018) Registration Form

Please Print Clearly

Child's Surname _____

Given Name _____

Address _____

Postal Code _____

Phone Number _____

Date of Birth _____ Age _____

Gender: _____Female _____Male

School Attended _____

Grade Completed _____

(Parent 1) Surname _____

(Parent 1) Given Name _____

Relation to Child _____

Cell Phone# _____

Evening Phone# _____

Email _____

(Parent 2) Surname _____

(Parent 2) Given Name _____

Relation to Child _____

Cell Phone# _____

Evening Phone # _____

Email _____

Emergency Contact _____

Phone# _____

Relation to child _____

Allergies/Food Restrictions, please describe in detail:

Please describe any behaviour problems, disabilities or health problems your child has.

Does your child take any medication(s) on a regular basis?

No? _____ Yes? _____ (see below)

What? _____

If YES you must fill in a separate medication form.

Is there anything else not mentioned above that we should know about your child? If so, please explain:

Please choose care required: (Please check all that apply)

Regular Hours (9 a.m. to 5 p.m.) _____ \$110/4 days

Before Care (8 a.m. to 9 a.m.) _____ \$15/4 days
and/or

After Care (5 p.m. to 6 p.m.) _____

Holiday Camp Program Pick Up

We want your child to arrive home safely every day, please complete the following information. For your child's safety, we must be notified in writing of any changes.

Please print names of everyone (including parents) who are allowed to pick up your child:

OR My child should go home on their own _____ leaving the program by _____ p.m. _____
Initial

Is there anyone who **SHOULD NOT** pick up your child? **Yes** _____ (please list name(s) below)

Name & relationship: _____

To ensure the safety of your child, please inform staff of any changes to your routine.

IMPORTANT: Please read the following paragraph, photo consent, sharing of information consent, and sign below:

I give permission for the above named child to participate fully in both on and off site activities and trips, unless otherwise indicated in writing. I also give permission for emergency medical treatment to be carried out, should it be required, with the understanding that Applegrove staff will attempt to contact me at the telephone numbers listed above. Applegrove will not accept responsibility for such services/treatment. Having taken all reasonable precautions, Applegrove shall not be held responsible for any accident or sickness of this child.

PHOTO CONSENT:

I give permission for staff to take photos of my child to be used in printed and online Applegrove promotional materials which may be distributed widely. **YES** _____ **NO** _____ (Please initial)

SHARING OF INFORMATION CONSENT:

I give permission for Applegrove staff to share information with the Duke of Connaught school staff and Administration for school related inquiries and for school staff to share information with Applegrove staff.
YES _____ **NO** _____ (Please initial)

Parent/Guardian Signature

Date