

Winter Group 2021 Registration
January 4 to March 11, 2021
Returning Registrant Form

Child's Name: _____

DOB: _____

Address: _____

Email: _____

Phone: _____

Parents: _____

Please choose from the following options:

Group	Dates	Time	Sub Days	# of Days	Mon/Wed/Mix	Total	Initials
Ages 6 to 11 @ Cottonwood Centre							
Lego Quest <input type="checkbox"/>	Jan 4 to Mar 8	3-5pm	9 Sessions (No session on Family Day, Feb. 15)	9	Mondays	\$495	
The Great Butterfly Bakers <input type="checkbox"/>	Jan 6 to Mar 10	3-5pm	10 Sessions	10	Wednesdays	\$550	
Both: Lego Quest & Butterfly Bakers <input type="checkbox"/>	Jan 4 to Mar 10	3-5pm	19 Sessions	19	Mondays & Wednesday	\$1,045	
Ages 10 – 14 @ Cottonwood Centre							
Group	Dates	Time	Sub Days	# of Days	Tues/Thurs/Mix	Total	Initials
Junior Leadership <input type="checkbox"/>	Jan 5 to Mar 9	3-5pm	10 Sessions	10	Tuesdays	\$550	
Club Invention <input type="checkbox"/>	Jan 7 to Mar 11	3-5pm	10 Sessions	10	Thursdays	\$550	
Both <input type="checkbox"/>	Jan 5 to Mar 11	3-5pm	20 Sessions	20	Tuesday & Thursdays	\$1,100	

Parent Note to Camp Director: _____

Please initial here if you would like to use ASD Funding for this program. Funds must be made available in My Family Services Autism Funding portal or a RTP signed and submitted to Social Butterflies **before a child's placement can be confirmed.**

OR

Please invoice the following service: _____
I will ensure the service will be notified to process a confirmation by email to office@SocialButterflies.ca . I understand that my child's placement in camp/group can not be confirmed without it.

Please initial. The entire amount is due prior to first group session, unless alternate funding arrangements are made in advance. I agree that I will submit all required paperwork to the Autism Funding Unit or alternate service (as noted) promptly and that I will be responsible for any amount outstanding.

I agree to abide by terms on previously signed Social Butterflies Activities and Learning - Group and/or Camp Registration and Consent forms.

I understand that it is my responsibility to inform Social Butterflies Activities and Learning Ltd about any of my child's new medical conditions or restrictions.

Parent / Guardian Signature

Parent / Guardian Name

Date Signed