

2020 Summer Camp Registration Returning Registrant Form

Name:	DOB:
Address:	Email:
Phone:	Parents:

Please choose from the following options:

Ages	Dates	Time	*Price/Day	# of Days	Mon/Wed/Mix	Total	Initials
No Camp the July 27th to Aug 3rd							
6 - 11ish	Monday and Wednesday. Weeks with stat holidays on a Mon or Wed will be held following Friday	9:30 am to 3:30 pm				\$	
Jun 29 Mon <input type="checkbox"/>	Fri - Jul 3 in lieu of Jul 1 <input type="checkbox"/>	Jul 6 Mon <input type="checkbox"/>	Jul 8 Wed <input type="checkbox"/>	Jul 13 Mon <input type="checkbox"/>	Jul 15 Wed <input type="checkbox"/>	Jul 20 Mon <input type="checkbox"/>	Jul 22 Wed <input type="checkbox"/>
Aug 5 Wed <input type="checkbox"/>	Fri - Aug 7 in lieu of Aug 3 <input type="checkbox"/>	Aug 10 Mon <input type="checkbox"/>	Aug 12 Wed <input type="checkbox"/>	Aug 17 Mon <input type="checkbox"/>	Aug 19 Wed <input type="checkbox"/>	Aug 24 Mon <input type="checkbox"/>	Aug 26 Wed <input type="checkbox"/>
<p>*Rates: 16 camp days @ \$110/day 8 camp days @ \$115/day (consistent day of the week, except 2 Stat days will be held on Friday) 7 or less camp days @\$120/day</p>							
Ages	Dates	Time	*Price/Day	# of Days	Tues/Thurs/Mix	Total	Initials
10 - 14ish	Tuesdays & Thursdays	9:30 am to 3:30 pm		\$			
Jun 30 Tues <input type="checkbox"/>	Jul 2 Thurs <input type="checkbox"/>	Jul 7 Tues <input type="checkbox"/>	Jul 9 Thurs <input type="checkbox"/>	Jul 14 Tues <input type="checkbox"/>	Jul 16 Thurs <input type="checkbox"/>	Jul 21 Tues <input type="checkbox"/>	Jul 23 Thurs <input type="checkbox"/>
Aug 4 Tues <input type="checkbox"/>	Aug 6 Thurs <input type="checkbox"/>	Aug 11 Tues <input type="checkbox"/>	Aug 13 Thurs <input type="checkbox"/>	Aug 18 Tues <input type="checkbox"/>	Aug 20 Thurs <input type="checkbox"/>	Aug 25 Tues <input type="checkbox"/>	Aug 27 Thurs <input type="checkbox"/>
			Grand Total	\$			

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

- Please initial.** I agree 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

Date Signed

Parent / Guardian Name