

Ages 6-12ish, 2021 Summer Day Camp

Returning Registrants

July 5th – August 26th, 2021

All groups are held at S204-750 Cottonwood Ave, 9-3pm

Name:

DOB:

Address:

Email:

Phone:

Parents:

Please check your choice from the following options:

CHOOSE BY THE WEEK - Monday through Thursday

4 day week @ \$120/day = \$480

Week of July 5-8 (4 days)

Week of July 12-15 (4 days)

Week of Jul 26-29 (4 days)

Week of Aug. 3 - *6 (4 days)

Week of Aug. 9 – 12 (4 days)

Week of Aug. 23 – 26 (4 days)

*Aug 6, Fri in lieu of Stat *Mon

No camps: July 19 – 22 and Aug 16 – 19 (Teen Camp Only)

OR Choose by the day(s) of the week

6 days @ \$120/day for \$720

*6 Mondays in July & Aug

*Friday Aug 6 in lieu of Stat

Monday Aug 2.

Jul 5- Aug 23

6 Tuesdays in Jul & Aug

Jul 6 - Aug 24

6 Wed in July & Aug

Jul 7 to Aug 25

6 Thurs in July and Aug

Jul 8 to Aug 26

Sporadic single days may be an option if space allows.

Please indicate your choices below

Choose 3 or less sporadic days @ \$130/Day or 4 or more @\$125/day

Mon

July 5

Tues

Jul 6

Wed

Jul 7

Thurs

Jul 8

Mon

July 12

Tues

Jul 13

Wed

Jul 14

Thurs

Jul 15

Mon

Jul 26

Tues

Jul 27

Wed

Jul 28

Thurs

Jul 29

**Aug 6,
Friday in
lieu of Stat
**Monday
Aug 2

Tues

Aug 3

Wed

Aug 4

Thurs

Aug 5

Mon

Aug 9

Tues

Aug 10

Wed

Aug 11

Thurs

Aug 12

Mon

Aug 23

Tues

Aug 24

Wed

Aug 25

Thurs

Aug 26

Estimated Cost - Admin will verify enrollment and cost by email

				Grand Total		Initials	
# of Days		Daily Rate					

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