



Oxford Learning Centre, High Park

# Summer Camp Registration Form

## Student information:

Name : \_\_\_\_\_ Date of Birth (d/m/y): \_\_\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ School: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_  
\_\_\_\_\_

## Areas of Concern (if any):

\_\_\_\_\_  
\_\_\_\_\_

## Health Information:

Allergies/ Medical concerns:

\_\_\_\_\_  
\_\_\_\_\_

Health Card Number: \_\_\_\_\_

## Parent/ Guardian Information:

Full Name : \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact:

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who is allowed to pick up your child?  
\_\_\_\_\_

Summer Camp Enrollment: \_\_\_\_\_

Please check one of the following programs:

<input type="checkbox"/> Brain Camp (Ages 4-7) <input type="checkbox"/> Science Camp (Ages 8-11)	<input type="checkbox"/> Booster week, July 22 – 26 (Gr 8 – 12) <input type="checkbox"/> Booster week, August 19 – 23 (Gr 8 – 12)
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Sessions and fees:

<input type="checkbox"/> July 2 - 5.....\$320.00 <input type="checkbox"/> July 8 - 12.....\$400.00 <input type="checkbox"/> July 15 – 19.....\$400.00 <input type="checkbox"/> July 22 - 26.....\$ 400.00 <input type="checkbox"/> July 29 - August 2..... \$ 400.00	<input type="checkbox"/> August 6 - 9..... \$320.00 <input type="checkbox"/> August 12 – 16.....\$400.00 <input type="checkbox"/> August 19 - 23 .....\$400.00 <input type="checkbox"/> August 26 - 30 .....\$400.00
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\*Camp runs between 9 AM and 4 PM.

\*\*Before-care (8:30 am) and After-care (until 5:30 pm) is available at an extra charge (\$20/day)

Hot Lunch Program (\$65 / week)

Total Cost for Camp: \_\_\_\_\_ Before &After Care: \_\_\_\_\_ Hot Lunch \_\_\_\_\_ Total Cost: \_\_\_\_\_

Payment:

Payment can be made by credit card, cash or by cheque payable to: Oxford Learning, High Park.

**Cancellations require written notice and we will charge a non-refundable deposit of \$100.00 for all cancellations. We require one month written cancellation notice; all sessions cancelled with less than a month's notice are non-refundable.**

- Cheque
- Cash
- Credit card:            Visa            MasterCard

Card Number: \_\_\_\_\_

Cardholder's name (exactly as printed on card): \_\_\_\_\_

CCV: \_\_\_\_\_

Exp: m \_\_\_\_\_ y \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have read and understood the terms of enrollment.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date