

Lynn-Rose Heights Adventure Quest Camp

Summer 2017



Parent Information

Camp Times

Half day summer school runs from 9 a.m. to 12 p.m. (Note: Campers enrolled in this program do not attend camp on Thursdays during academic weeks)

Full day summer school and Adventure Quest camp runs 9 a.m. to 4 p.m. Campers must participate in all weekly activities

Extended Care 7:00 to 9:00 a.m. & 4:00 to 6:00 p.m. ***Additional fee**

Please ensure you arrive promptly to avoid disruption.

Late Fees

A late fee of \$10/child for every 15 minutes or part will apply for late pick up. Fees to be paid in cash prior to camper returning.

Camp Uniform

Campers are required to wear an Adventure Quest t-shirt each day as part of the camp experience. T-shirts are \$15.00 each and may be purchased prior to or on the first day of each session.

Campers are also required to come to camp prepared with hats, water bottles, running shoes and sunscreen daily. Please make sure to label all clothing and personal items.

Snacks and Lunches

Adventure Quest is a nut-free camp. Lunches will not be heated or cooled. Please store properly.

Supplies

Campers should come prepared with pencils, erasers, and pencil crayons for the Academic program in the morning. We will provide the rest!

Registration

1. Pick and indicate the week(s) you wish your child to attend.
2. Submit post-dated cheque(s) for the week(s) of your choice including activity fee. Please date your cheques for the Monday of each week.
3. Return registration forms and post-dated cheques by June 2nd, 2017

Registration in advance is required as spaces are limited. Secure your child's space early to avoid disappointment.



**LYNN-ROSE HEIGHTS PRIVATE SCHOOL
REACH AHEAD PROGRAM & ADVENTURE CAMP**

Registration Form

Child's Name: _____ F / M

Date of Birth: _____ Age: _____ Grade in Sept. '17 _____
M / D / Y

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email address: _____

Current School _____ ESL Program: Yes _____ No _____

Session Choice: (Please check the week(s) your child will attend)

Fees

ESL (2 week minimum registration) Fees as listed below.

FULL DAY SUMMER SCHOOL AND ADVENTURE QUEST CAMP

9:00 a.m. to 4:00 p.m. - \$200.00 per child per week plus \$35.00 weekly activity fee/child.

1/2 Day Reach Ahead Summer School

9:00 a.m. to 12:00 p.m. - \$100.00 per week.

1/2 Day Reach Ahead Kinderschool (4 & 5 yrs)

9:00 a.m. to 12:00 p.m. - \$100.00 per week.

Important Note: Campers enrolled in the ½ Day Reach Ahead program do not attend camp on Thursdays. This program is based on four days per week.

Week	Event	Session Choices	
<input type="checkbox"/> June 26 – June 30	Pizza Party & Crawford Lake	Non-Academic Week	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 3 – July 7 *	Dundurn Castle & Military Museum *Stat Holiday July 3	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 10 – July 14	Legoland	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 17 – July 21	IRIS: Robotics Program	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 24 – July 28	Jungleland	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 31 – Aug. 4	Mad Science: Imagine	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> Aug. 7 – Aug. 11*	Cambridge Butterfly Conservatory *Stat Holiday Aug. 7	<input type="checkbox"/> 9am – 12 pm (only)	<input type="checkbox"/> 9am – 4 pm (full day)
<input type="checkbox"/> Aug. 14 – Aug. 18	Mystic Drumz	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> Aug. 21 – Aug. 25	African Lion's Safari	Non-Academic Week	<input type="checkbox"/> 9 am – 4 pm (full day)

* Indicates short week due to Statutory Holiday

I have attached post-dated cheques for the above weeks: _____
Pls. Initial

Extended Hours: for weeks indicated

- AM (7am-9am) @ \$15.00 per week/per child
- PM (4pm-6pm) @ \$15.00 per week/per child
- AM & PM @ \$30.00 per week/per child



IN CASE OF EMERGENCY CONTACT

Name	Phone	Relationship
_____	_____	_____

Name	Phone	Relationship
_____	_____	_____

List of people authorized to pick up my child(ren): (Picture ID is required to pick up. Must be 18 years of age or older)

1. _____
2. _____
3. _____

Please describe any Medical Allergies/Medical Conditions/Special Needs:

Does your child have an Epi-Pen? Yes _____ No _____
(If yes, we require 2 pens)

Medical Consent Statement: I have provided Lynn-Rose Heights Summer Camp with all necessary medical information and I can be reached at the number(s) listed. I authorize staff to administer first aid to my child in an emergency as deemed appropriate by the attending physician(s).

Consent Form: I agree that as a participant my child: _____ will participate in activities at a variety of locations. I agree that the choice to participate brings with it the assumptions of those risks and results, which are part of these activities. I agree that Lynn-Rose Heights Summer Camp shall not be liable for any injury to my child or loss of damage to my child's personal property arising from, or in any way resulting from my child's participation in these activities.

I / We understand that Lynn-Rose Heights Summer Camp has the right to withdraw my child from the program due to behavior problems.

As various pictures are taken throughout the summer of the students. By signing below, you give permission for the use of your child's image in our advertising brochure, website, etc.

Name: _____ Signature: _____



Release and Indemnification
Summer Camp Transportation Program

Name of Student(s): _____

Name of Parent: _____

Address of student: _____

Telephone # of Parent (day): _____ evening: _____ cell: _____

Date of Birth of Student: _____ Age of Student: _____

Field Trip/Program: **Summer Camp Transportation Program**

Location of Field Trip/Program: **Various trip locations**

Date / Duration of Field Trip/Program: **June 26 – August 25, 2017**

Emergency contact for student: _____

RELEASE AND WAIVER OF LIABILITY

In consideration of the acceptance of this application and the permission given by myself as guardian of the aforementioned child, I _____ as parent of the minor child _____ and on behalf of myself, my heirs, executors, administrators and assigns hereby forever discharge and release Lynn-Rose Heights Private School, its respective officers/directors, managers, servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while the child is attending at or participating in the **Summer Camp Transportation Program** field trip/program on the following date(s): **June 26-August 25, 2017** or participating in the aforementioned activity notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of Lynn-Rose Heights Private School, its respective officers/directors, managers, servants, agents or employees. I am aware that there are inherent risks and dangers associated with the participation in the aforementioned field trip/program and I hereby agree as parent of the said child nonetheless to assume in their entirety these risks as my own responsibility.

Signature of Parent: _____

Written name of Parent: _____

Date of Signature: _____