



Aspiration Academy Summer Program

Full day: 9:00-3:30

Half Day: 9:00-12:15/ 12:15 – 3:30

Child's Name: _____ Male / Female Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Email: _____ Health Card#: _____

Mother's name: _____ Cell phone: _____

Father's name: _____ Cell phone: _____

How did you hear about us? _____

Medical Information-This section must be completed

Doctor's Information: _____ Emergency Contact (Other than parent):

Name: _____ Name: _____

Phone: _____ Phone: _____

Address: _____ Relationship: _____

Is there any allergy, medical or special needs information that you would like us to know? If yes, please attach the details. Yes _____ NO _____

Release, Indemnity Agreement and Declaration

The undersigned agrees to release and discharge Aspiration and Discoveries, it's director, therapists and staff, of and from all claims of negligence or otherwise made by or on behalf of the applicants registered on the registration form, his or her guardians, or their executors, successors, administrator, against all claims, demands, judgements and costs in any way arising out of, or relating to the applicant's participation in Aspiration and Discoveries Summer Camp program.

Parent/Guardian's Signature: _____ Date: _____

We, the undersigned represent that all statement made are correct and acknowledge and agree to all terms and conditions of the applications. We further warrant that the applicant is physically capable of participating in the physical activity requested by this application.

I hereby authorize Aspiration and Discoveries Summer Camp to allow and take applicant to participate those outing activities as scheduled during the camp period.

Parent/Guardian's Signature: _____ Date: _____

I give permission for Aspiration and Discoveries Summer Camp to take pictures or video of my child during the camp. I understand that images will be the property of Aspiration and Discoveries Summer Camp and they may use them for references and promotion of the camp in the future.

Parent/Guardian's Signature: _____ Date: _____



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Sunscreen consent

I give my permission for Aspiration and Discoveries staff to apply a sunscreen product of SPF 30 or higher to my child (unless otherwise noted below) when he or she will be playing outside. A brand of sunscreen is purchased in bulk and provided by Aspiration and Discoveries for use on children. If my child needs a different brand of sunscreen, I am responsible for providing the center with a substitute. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs. If I do not want sunscreen applied to my child, or if I prefer to provide a different sunscreen than the center provides, I have indicated this by initialing the appropriate statement below.

I do not want sunscreen applied to my child's skin. I will provide a brand of sunscreen that is different from what the center uses and label it with my child's first and last name. Brand of sunscreen: _____.

Parent/Guardian's Signature: _____ Date: _____

Pick up

I hereby authorize the applicant to be pick up by: _____

Parent/Guardian's Signature: _____ Date: _____

Allergy alert

I understand and aware Aspiration Academy is a nut free zone, and will not pack any product(s) may contain nuts for my child's/ children's belongings to Aspiration Academy.

Parent/Guardian's Signature: _____ Date: _____

Terms Of Payment

Aspiration and Discoveries accepts cheque with current date ONLY for payment of fees. Full payment is required upon registration. If register for more than 4 weeks, the balance must be paid by May 30th, 2015. Fee is 80 % refundable if written cancellation is received before June 1st, 2014. No refund will be given thereafter. Aspiration and Discoveries reserves the right to refund fee and cancel registrations if any of the camp program is over or under subscribed. Any NSF cheques will subject to a \$25 charge and we will accept cash ONLY for the full amount. Summer Camp receipts will be mail out or hand in by the end of September.

Parent/Guardian's Signature: _____ Date: _____



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| | | |
|-----------------------------------|---|--------------------------|
| Registration fee: \$25 | Waived before April 30 th or current student | <input type="checkbox"/> |
| Placement Assessment: \$50 | Waived before April 30 th or current student | <input type="checkbox"/> |
| Paid in full early bird discount: | 5% off Paid in full by April 30 th | <input type="checkbox"/> |
| Multiple Weeks Discount | 5% off 4 or more weeks registration | <input type="checkbox"/> |
| Sibling discount | 5% off on second sibling | <input type="checkbox"/> |

| | |
|--|--|
| Shared Support: | Dedicated Support: |
| Student will receive general extra support during daily activities and routines to enhance more learning opportunity through classroom assisting therapist, at \$80 per week (full day), \$40 per week (half day). | Student will receive extra support base on individualized goals and needs during daily activities and routines to enhance more learning opportunity through classroom second assisting therapist at \$100 (full day) per week, \$50 (half day) per week. |

Extra support requirement to be determined by Director

Extended hours: 8:30am-9:00am- \$5, 3:30-6:00-\$15

**Field trip. Trip fees are included in the camp fee. Field trips will be confirmed one week before the trip day.

Regular Fee with no support schedule & Information

| | Date | General Camp Fee | Enrichment camp fee | Dedicated support | Shared support | Extended hours | Subtotal |
|---------------|------------------|-------------------------|-------------------------|-------------------|----------------|----------------|----------|
| Week 1 | Jun 29-July 03 | \$160 EA. ½ Day \$20 | \$200 EA. ½ Day \$25 | | | | |
| Week 2 | Jul 06-Jul 10 | \$200 EA. ½ Day \$25 | \$250 EA. ½ Day \$30 | | | | |
| Week 3 | Jul 13-Jul 17 ** | \$225 EA. ½ Day \$27 | \$275 EA. ½ Day \$32 | | | - | |
| Week 4 | Jul 20-Jul 24 | \$200 EA. ½ Day \$25 | \$250 EA. ½ Day \$30 | | | | |
| Week 5 | Jul 27-Jul 31 ** | \$225 EA. ½ Day \$27 | \$275 EA. ½ Day \$32 | | | | |
| Week 6 | Aug 04-Aug 07 | \$160 EA. ½ Day \$20 | \$200 EA. ½ Day \$25 | | | | |
| Week 7 | Aug 10-Aug 14** | \$225 EA. ½ Day \$25 | \$275 EA. ½ Day \$32 | | | | |
| Week 8 | Aug 17-Aug 21 | \$200 EA. ½ Day \$25 | \$250 EA. ½ Day \$30 | | | | |
| Week 9 | Aug 24-Aug 28** | \$225 EA. ½ Day \$27 | \$275 EA. ½ Day \$32 | | | | |
| Week10 | Aug 31-Sept 4 | \$200 EA. ½ Day \$25 | \$250 EA. ½ Day \$30 | | | | |
| Total: | | | | | | | |

Office Use Only:

Child: _____

Date: _____

Paid \$: _____ Cash/cheque #: _____