



ASM SUMMER DAY CAMP- 3 Week Program: REGISTRATION FORM

Vedic Cultural Centre 4345-14th Ave, Markham, ON L3R 0J2 Tel: (647) 677-4018



July 06 - July 24 2015 Time 9:00 AM to 4:00 PM (Monday-Friday)
Kids 4-14 yrs & Youth Volunteer Opportunities (15yrs +). Extended Care Available
Drop-in Registration: May 10, 24 & 30 @ 11:00 am

Enrolment Info: Samajcamp@gmail.com

Neera Chakravorty (647) 290-8802 neera@rogers.com
Manju Sharma (647) 500-0906 msstarfeb20@yahoo.ca

Amar Erry (905) 471-1211 amarerry@gmail.com
Maharshi Jani (416) 903-5671 maharshi_jani@hotmail.com

1- CAMPER'S INFORMATION

Child Name	Date of Birth (day/month/year)	Age	Doctor's name and Telephone#	Health Card #
1.				
2.				

2- REGISTRATION INFORMATION

Father's Name: _____ Cell #: _____ Work # _____ E-mail: _____
 Mother's Name: _____ Cell #: _____ Work # _____ E-mail: _____
 Address: _____ City: _____ Postal Code: _____
 Home Phone #: _____ ASM General Member - Yes / No

3- ASM CAMP FEE

3 Weeks \$375 (fee)+\$75(food) = **\$450** 2 Weeks \$300(fee)+\$50(food) = **\$350** 1 Week \$150(fee) + \$25(food) = **\$175**

* Hot veggie lunches & two snacks prepared & served on premises

Start Dates: July 6 -week1 July 13-week2 July 20 -Week3

Before & After Extended Day Care Fee -\$25.00/week # Children= _____ Amount= \$ _____
 (7:45 am to 9:00am and or/ 4:00 to 5:30 pm)

CASH CHEQUE: Payable to **Arya Samaj Markham** **"NO REFUNDS" TOTAL=\$ _____**

4- HEALTH & EMERGENCIES

Child's Name (with allergies): _____ Allergies your child has: _____

Food _____ Drugs _____ Insects _____ Others _____ **** DOES YOUR CHILD CARRY AN EIPEN? YES / NO

Is there any other information that you would like us to know about your child/children? i.e. physical, social etc.

Persons to be **contacted if parents cannot be reached: Name: _____ Relationship: _____

Address: _____ Cell#: _____ Phone#: _____

Persons **authorized to pick up child from the camp: Name: _____ Cell#: _____ Phone#: _____

5- PARENTS SIGNATURE

In consideration of the acceptance of my child for the ASM Summer Day camp, on my behalf and my child's behalf, I accept all risks and agree that neither Arya Samaj Markham, City of Markham, nor the Regional Municipality of York shall be liable in any manner whatsoever for any damages resulting from any injury to my child, however caused, including by any act of negligence. I also agree to indemnify Arya Samaj Markham, City of Markham, and the Regional Municipality of York with respect to any claim or action which may be brought against them by or on behalf of my child. I also give permission for my child to participate in recreational swimming and to participate in field trips organized by the summer day camp. I authorize the camp to take photos and or videos of my child and consent them to be used for promotional purposes of Arya Samaj Markham.

Date: _____ Parent/Guardian Name : _____ Signature: _____