



ASM SUMMER CAMP-4 Week Program: REGISTRATION FORM

Vedic Cultural Centre 4345-14th Ave, Markham, ON L3R 0J2

July 04 - July 28 2017 - Time 9:00 AM to 4:00 PM (Monday-Friday)

Kids 4-14 yrs & Youth Volunteer Opportunities (15yrs +). Extended Care Available

**Drop-in Registration: Sundays April 2,9,16,23,30 @ 10am-12pm,

Enrollment info: Samajcamp@gmail.com,

Or drop-off registration form/ payment at Vedic Cultural Centre

Early Bird Special

****4 week only \$500**

After May 1st \$525

Register soon!!

Neera Chakravorty (647) 290-8802 neera@rogers.com – Coordinator

Sarika Chakravorty (416) 877-8802 sarikahearts@hotmail.com

Maharshi Jani (416) 903-5671 maharshi_jani@hotmail.com

Manju Sharma (647) 500-0906 msstarfeb20@yahoo.ca

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

Camp Fees **Early Bird Special before May 1st **4 Weeks only \$500 (after May 1st \$525)**

Start Dates:

- 4 Wks * \$100 (fee)/wk +\$100(food) =\$500/ 4weeks (****\$525 After May 1, 2017**)
- 3 Wks * \$125 (fee)/wk +\$75 (food) =\$450/ 3weeks
- 2 Wks * \$150 (fee)/wk +\$50 (food) =\$350/ 2weeks
- 1 Wk * \$160 (fee)/wk +\$25 (food) =\$175/ 1week

- July 4 - 7 (Week1)
- July 10-14 (Week2)
- July 17-21 (Week3)
- July 24-28 (Week4)
- All 4 Weeks**

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

Extended Day Care Fee -\$30.00/week (7:45 am to 9:00am and or/ 4:00 to 5:30 pm) # Children= _____ Amount= \$ _____

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 EPIPEN? YES / NO**

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

Emergency contact: Name: _____ Cell#: _____ Phone#: _____

Person **authorized** to pick up child: 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 photographs and or videos of my child and consent them to be used for promotional purposes of Arya Samaj Markham.

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