



Summer Camp & Saturday Culinary Arts Schedule

Select the program your child will be attending. Participants may attend more than one program.
Please note that fees are subject to change based on ratio required. See Note below.

| | | | | |
|---------------------|--|--------------------------|---------------------|--------------------|
| PROGRAM FEES | SUMMER CAMP & SATURDAY CULINARY ARTS FEES: | 1:5 RATIO \$90.00 | 1:3 RATIO: \$121.00 | 1:2 RATIO \$225.00 |
| | EXTENDED MORNINGS FEE: \$45.00 | AFTERSCHOOL FEE: \$65.00 | | |

|  | CIRCLE July Date(s) below | | | | CIRCLE August Date(s) below | | | |  |
|---|------------------------------|-----------|-----------|-----------|--------------------------------|-----------|-----------|-----------|---|
| | Jul 6-10 | Jul 13-17 | Jul 20-24 | Jul 27-31 | Aug 4-7 | Aug 10-14 | Aug 17-21 | Aug 24-28 | |
| Mon-Fri 9:30 am – 3:00 pm | | | | | | | | | Saturdays - 6 Weeks 4:00 pm – 6:00 pm |
| <input type="checkbox"/> MONDAYS | 6 | 13 | 20 | 27 | | 10 | 17 | 24 | <input type="checkbox"/> June 13 |
| <input type="checkbox"/> TUESDAYS | 7 | 14 | 21 | 28 | 4 | 11 | 18 | 25 | <input type="checkbox"/> June 27 |
| <input type="checkbox"/> WEDNESDAYS | 8 | 15 | 22 | 29 | 5 | 12 | 19 | 26 | <input type="checkbox"/> July 11 |
| <input type="checkbox"/> THURSDAYS | 9 | 16 | 23 | 30 | 6 | 13 | 20 | 27 | <input type="checkbox"/> July 25 |
| <input type="checkbox"/> FRIDAYS | 10 | 17 | 24 | 31 | 7 | 14 | 21 | 28 | <input type="checkbox"/> Aug 8 |
| No. of Weekdays _____ x \$90 (Ratio 1-5) = \$ _____ | | | | | | | | | <input type="checkbox"/> Aug 22 |
| FREE T-shirt for any participant registering for the first time. Please specify size: Mens' Size: _____ Women's Size: _____ | | | | | | | | | No. of Saturdays _____ x \$50 = \$ _____ |

Student Information

| | | | |
|--|---------------|--|---|
| Last name: | | Age: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| First name: | | Birthdate: DD____ MM____ YYYY____ | |
| Address: | | Grade: | Home Tel: |
| City: | Postal Code: | | Cell Tel: |
| School: <input type="checkbox"/> attending <input type="checkbox"/> attended | School board: | Other program(s): <input type="checkbox"/> attending <input type="checkbox"/> attended | |
| Name of School: | | Name of Program(s) | |

Medical Information

| | |
|---|---|
| Medical Conditions/Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N | Epi-Pen required: <input type="checkbox"/> Y <input type="checkbox"/> N |
| List Medical Conditions/Allergies: | Reason required: |
| Doctor Name & Phone #: | OHIP: |

Parent/Guardian Information

| | | | |
|------------------------------|-----------|------------------------------|-----------|
| Last & First Name: | | Last & First Name: | |
| Relationship to participant: | | Relationship to participant: | |
| Cell Tel: | Work Tel: | Cell Tel: | Work Tel: |
| Email: | | Email: | |

Emergency Information

| | | | |
|-----------------|-----------|-----------------------------|--|
| Emergency Name: | | Relationship to Registrant: | |
| Home Tel: | Work Tel: | Cell Tel: | |

Form Of Transportation

| | | |
|--|-----------------|-------------------|
| Form of Transportation: Please describe how participant will be arriving and departing | Time of Arrival | Time of Departure |
| Transportation Company and Contact Person: | Tel: | |
| Name of Individuals who will pick up and drop off please list: | Tel: | |

GENERAL POLICIES – Service Contract

PAYMENT: Invoices issued at the beginning of each month for the month ahead.

✓ Payment can be made by cheque, credit card, cash or e-transfer to **csmith8555@rogers.com**

✓ Invoices are due upon receipt. Please contact the Finance Department for other options.

✓ Overdue invoices past 60 days will result in services being put on hold and may result in a discharge.

Please contact the Finance Department to discuss a payment plan.

✓ Termination of Service/Contract: May be made by either party through the provision of 30 days written notice. If 30 days written notice is not received, SEC may need to invoice the fund administrator accordingly.

✓ The Progress Reports specifies the goals and outcomes to be achieved within the program.

There is a \$25.00 charge for any returned/NSF cheques payable to SEC. Receipts will be issued by e-mail for fee-paying programs only.

NO REFUNDS will be issued after the first class.

MISSED DAYS: NO CREDIT FOR MISSED DAYS unless prior notice is given one month in advance

CANCELLATION POLICY The SEC reserves the right to cancel courses due to insufficient enrollment. If programs are cancelled, every effort will be made to accommodate youth in another session.

REFUND POLICY

Participants requesting a refund for any reason, must do so BEFORE the second class begins. A non-refundable administration fee of \$25 will be withheld. No refund will be given to participants who have attended more than one class. Non-attendance is not accepted as a withdrawal notice from any course. Please allow at least (3) weeks for refund cheques or credit card to be processed. No cash refunds.

INCLEMENT WEATHER: Should inclement weather force the cancellation of classes, staff, parents and students will need to refer to the Blue Veil website at www.blueveil.org/or call the SEC line, at 905-851-3972. Every effort will be made to communicate any class cancellations by 2:00 pm for evening classes and 7:00 am for Day and Saturday morning classes. You will be notified if any fee-paying class is re-scheduled for another date or to a new location.

MUSIC LESSONS Students will receive one (1) private lesson per week and Instructor one-on-one. Make –up lessons will be given only due to illness where at least twenty-four (24) hours notice is given. All missed lessons will be charged. If Instructor must cancel lesson a make-up lesson will be scheduled. Parent consent: Please permit my son/daughter to attend Music Lesson Classes. I agree to release any of the instructors and/or all staff members from any and all claims in respect to any damage or injury arising by reason of participation in the program by any of the Instructors or the person who is shown as the “registrant” on this form.

PARTICIPATION RELEASE FORM

1. The participant and parents/legal guardians agree to abide by the rules and regulations set forth by *Sara Elizabeth Centre* (Hereinafter referred to as the *SEC*)
2. The *SEC* reserves the right to dismiss any participant, without refund, whose conduct or influence it deems to be harmful or unsatisfactory to the best interests of the participant or the *SEC*. This will occur as a last resort.
3. Every measure will be taken to ensure health and safety of each participant.

In the event of sickness or accident however, *SEC*, its staff and/or volunteers will not be held liable for the above participant’s medical coverage. I the undersigned agree to release and indemnify and save harmless *SEC*, volunteers and/or staff, and its staff from all claims arising from participation in any program organized by the staff and/or volunteers of *SEC* by any cause whatsoever. If staff and/or volunteers of *SEC* arrange for any emergency medical care including hospitalization and transportation, if necessary, it is the responsibility of the parents/legal guardians or organization responsible for the payment of fees to pay for all expenses and cost incurred thereby. In the event that the *SEC* in its judgment uses outside emergency medical, surgical or dental services, attempts will be made to contact emergency contact person(s) known above. It is the responsibility of the parents/guardians to ensure that the participant’s medical details are supplied accurately and in full.

4. While every effort will be made to return lost, misplaced or stolen property, the *SEC* will not be held liable for these articles. Nor will it be held liable for broken or damaged property.

5. This document will serve as the only contract, and contains herein all terms and conditions.

6. I, hereby give permission for the participant listed on this form go on outings and travel by bus/van/car, during their attendance at the above program(s). I further understand that by signing this permission slip, I hereby release and absolve Sara Elizabeth Centre of any responsibility or any injuries that may occur on any outing. I release Sara Elizabeth Centre, its, employees, it’s members, board of directors, and any volunteers from any liability, past or future, fully and completely. I authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached.

I acknowledge that I have read and accept the Registration Policies above

I am aware and give consent for Sara Elizabeth Centre to take photographs and videotape group productions during the designated time of the day/camp program Yes No

**PARENT/GUARDIAN
Signature:**

**SEC Supervisor
Signature:**

Date: