***CANADA HINDU HERITAGE CENTRE***

**SUMMER CAMP PROGRAM 2017**

**STUDENT REGISTRATION FORM**

**July4th , 2017 TO August 25th,2017 (8-weeks)**

***Eligibility:***Age 4 to 12 Years ONLY

***Fees: 4 years $175 (per week)***

***Fees***: 5 yrs to 12 yrs $165(per week)

**$25 for a pack of 3 T-shirts mandatory**

(Additional child from same family- 10% Discount. 10%discount for onetime payment for all 8 weeks at the beginning of the camp)

**Drop In Time: 7:30 a.m.**

**Pick Up Time: NO LATER THAN 6:00 p.m.**

**NOTE: $1 will be charged for each minute after 6:00 pm**

Name of the Child: Age:

Father’s Name: Mother’s Name:

Address:

Father’s Business /Cell No.Mother’s Business/Cell No.

Family Doctor: Doctor’s Contact No.:

Medical Card No.

**EMERGENCY CONTACT**

Name:

Address:

Contact No. Or

Medical Problems: (Please state if any)

Name and Contact No. of Person responsible to pick up the child:

Drop off time of child at the Mandir:

Number of weeks attending the Camp:

**NOTE: Additional cost apply for each field trip. Those who are interested to join.**

I hereby give CHHC permission for the following:

* To act on my behalf in case of emergency.
* To have my child’s picture taken and shown on TV, Video, Website, Mandirfacebook account, and magazine if required.
* I agree that as a participant in the camp my child/ward will participate in activities at a variety of other 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 the CHHC, MRM, their trustees, officers,employees and volunteers shall not be liable for any injury to my child/ward or loss or damage to my child’s personal property arising from or in any way resulting from my child’s participation in these activities.

**Parent’s Signature: Date:**