



J. Addison School

2021 Summer Enrichment Academic Day Camp

STUDENT INFORMATION

STUDENT NAME _____

IF APPLICABLE, PLEASE INDICATE YOUR REQUEST FOR YOUR CHILD TO BE PLACED IN THE SAME CLASS AS ANOTHER STUDENT(S) *REQUESTS ARE NOT GUARANTEED

EARLY BIRD SPECIAL FOR FULL DAY CAMP - MUST RECEIVE REGISTRATION AND FULL PAYMENT BY MARCH 31, 2021³

FULL DAY CAMP (MONDAY TO FRIDAY)

	FULL DAY (9:00 AM - 4:00 PM)	Amount	FULL DAY EXTENDED CARE (9:00 AM - 5:30 PM)	Amount
CAMP A	<input type="checkbox"/> \$420		<input type="checkbox"/> \$510 ²	
CAMP B	<input type="checkbox"/> \$420		<input type="checkbox"/> \$510 ²	
CAMP C	<input type="checkbox"/> \$630		<input type="checkbox"/> \$765 ²	
PM EXTENDED CARE	N/A			
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$10 per student		<input checked="" type="checkbox"/> \$10 per student	
ADD: T-SHIRT <small>*OWN LAST YEAR'S T-SHIRT, NO CHARGE</small> <input type="checkbox"/> Own	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
ADD: LUNCH PROGRAM (OPTIONAL)	<input type="checkbox"/> \$30/week ¹ x ___ Week(s)		<input type="checkbox"/> \$30/week ¹ x ___ Week(s)	
TOTAL			TOTAL	

FULL DAY SUMMER CAMP WEEKLY RATES (FOR REGISTRATIONS RECEIVED AFTER MARCH 31, 2021)^{3, 4}

	FULL DAY (9:00 AM - 4:00 PM)	Amount	FULL DAY EXTENDED CARE (9:00 AM - 5:30 PM)	Amount
MONDAY - FRIDAY	<input type="checkbox"/> \$260/wk ^{2,4} x ___ Week(s)		<input type="checkbox"/> \$310/week ^{2,4} x ___ Week(s)	
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$10 per student		<input checked="" type="checkbox"/> \$10 per student	
ADD: T-SHIRT <small>*OWN LAST YEAR'S T-SHIRT, NO CHARGE</small> <input type="checkbox"/> Own	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
ADD: LUNCH PROGRAM (OPTIONAL)	<input type="checkbox"/> \$30/week ¹ x ___ Week(s)		<input type="checkbox"/> \$30/week ¹ x ___ Week(s)	
*min. 2 consecutive weeks	TOTAL			TOTAL

OVERSEAS AND VISA STUDENTS - TRAVEL INSURANCE REQUIRED AT \$25/WEEK³

	FULL DAY (9:00 AM - 4:00 PM)	Amount	FULL DAY EXTENDED CARE (9:00 AM - 5:30 PM)	Amount
MONDAY - FRIDAY	<input type="checkbox"/> \$595/wk ^{2,4} x ___ Week(s)		<input type="checkbox"/> \$645/week ^{2,4} x ___ Week(s)	
DAILY RATE MONDAY - THURSDAY	<input type="checkbox"/> \$125/day ² x ___ Day(s)		<input type="checkbox"/> \$140/day ² x ___ Day(s)	
ADD: REGISTRATION FEE	<input checked="" type="checkbox"/> \$50 per student		<input checked="" type="checkbox"/> \$50 per student	
ADD: T-SHIRT <small>*OWN LAST YEAR'S T-SHIRT, NO CHARGE</small> <input type="checkbox"/> Own	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
ADD: LUNCH PROGRAM (OPTIONAL)	<input type="checkbox"/> \$30/week ¹ x ___ Weeks		<input type="checkbox"/> \$30/week ¹ x ___ Week(s)	
ADD: INSURANCE	<input type="checkbox"/> \$25 x ___ Week(s)		<input type="checkbox"/> \$25 x ___ Week(s)	
TOTAL			TOTAL	

SELECT THE WEEKS YOUR CHILD WILL ATTEND (MINIMUM 2 WEEKS REGISTRATION REQUIRED)

CAMP A: JULY 5 - 9 & JULY 12 - 16 CAMP B: JULY 19 - 23 & JULY 26 - 30 CAMP C: *AUG 3 - 6, AUG 9 - 13 & AUG 16 - 20

¹ Lunch Program: Monday - Friday: Hot Meals; J. Addison School reserves the right to refuse or terminate any meal plans without notice. Unused portions of a meal plan fee may be refunded. We cannot accommodate students on the meal plan who have allergies or special dietary needs. Please allow 5 business days to process meal plans; meal plans start on Mondays only. ² A surcharge of \$1 per minute will apply to students picked up after pm extended care at 5:30pm. If you have not pre-purchased Extended Care, daily fees are set at \$10 for PM extended care services, payable for each unplanned use. ³ Any requests on changes of weeks, dates or times after registration will incur a \$20 administration fee per transaction. Please allow 5 business days to process your changes. No refunds on any differences or over payment. No refunds will be issued for days missed for any reason. ⁴ Minimum 2 consecutive weeks registration required. ⁵ No camp programs Civic Holiday (August 2,2021)

OFFICE USE ONLY

AMOUNT PAID	PAID BY <input type="checkbox"/> E-TRANSFER	RECEIPT #	STAFF INITIAL	DATE
	<input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHEQUE NO. _____			