

# Adventure Quest Camp

# Summer 2018



## Parent Information

### **Camp Times**

Half day summer school runs from 9 a.m. to 12 p.m. (Note: Campers enrolled in this program do not attend camp on Thursdays during academic weeks)

Full day summer school and Adventure Quest camp runs 9 a.m. to 4 p.m. **Campers must participate in all weekly activities. Cost is weekly, regardless of attendance. No daily rates or accommodations.**

Extended Care 7:00 to 9:00 a.m. & 4:00 to 6:00 p.m. **\*Additional fee**

Please ensure you arrive promptly to avoid disruption.

### **Late Fees**

A late fee of \$10/child for every 15 minutes or part will apply for late pick up. Fees to be paid in cash prior to camper returning.

### **Camp Uniform**

Campers are required to wear an Adventure Quest t-shirt each day as part of the camp experience. T-shirts are \$15.00 each and may be purchased prior to or on the first day of each session. **Campers are not permitted to go on trips without their T-shirt on trip days.**

Campers are also required to come to camp prepared with hats, water bottles, running shoes and sunscreen daily. Please make sure to label all clothing and personal items.

### **Snacks and Lunches**

Adventure Quest is a nut-free camp. Lunches will not be heated or cooled. Please store properly.

### **Supplies**

Campers should come prepared with pencils, erasers, and pencil crayons for the Academic program in the morning. We will provide the rest!

### **Registration**

1. Pick and indicate the week(s) you wish your child to attend.
2. Submit post-dated cheque(s) for the week(s) of your choice including activity fee. Please date your cheques for the Monday of each week.
3. Return registration forms and post-dated cheques by June 1<sup>st</sup>, 2018

**Registration in advance is required as spaces are limited. Secure your child's space early to avoid disappointment. A minimum of one week's written notice is required for any cancellations.**



**LYNN-ROSE HEIGHTS PRIVATE SCHOOL  
REACH AHEAD PROGRAM & ADVENTURE CAMP**

**Registration Form**

Child's Name: \_\_\_\_\_ F / M

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept. '18 \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
M / D / Y

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Current School \_\_\_\_\_ ESL Program: Yes \_\_\_\_\_ No \_\_\_\_\_

**Session Choice:** (Please check the week(s) your child will attend)

**Fees**

ESL (2 week minimum registration) Fees as listed below.

**FULL DAY SUMMER SCHOOL AND ADVENTURE QUEST CAMP**

9:00 a.m. to 4:00 p.m. - \$200.00 per child per week plus \$35.00 weekly activity fee/child.

**1/2 Day Reach Ahead Summer School**

9:00 a.m. to 12:00 p.m. - \$100.00 per week.

**1/2 Day Reach Ahead Kinderschool (4 & 5 yrs)**

9:00 a.m. to 12:00 p.m. - \$100.00 per week.

**Important Note:** Campers enrolled in the ½ Day Reach Ahead program do not attend camp on Thursdays. This program is based on four days per week.

Week	Event	Session Choices	
<input type="checkbox"/> June 25 – June 29	<b>Crawford Lake</b>	Non-Academic Week	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 2 – July 6 *	<b>Royal Canadian Circus</b> *Stat Holiday July 2	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 9 – July 13	<b>The Museum</b>	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 16 – July 20	<b>Mountsberg</b>	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 23 – July 27	<b>Jungleland</b>	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> July 30 – Aug. 3	<b>Mad Science</b>	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> Aug. 6 – Aug. 10*	<b>Laser tag/Sportball</b> *Stat Holiday Aug. 6	<input type="checkbox"/> 9am – 12 pm (only)	<input type="checkbox"/> 9am – 4 pm (full day)
<input type="checkbox"/> Aug. 13 – Aug. 17	<b>Mystic Drumz</b>	<input type="checkbox"/> 9 am – 12 pm (only)	<input type="checkbox"/> 9 am – 4 pm (full day)
<input type="checkbox"/> Aug. 20 – Aug. 24	<b>African Lion's Safari</b>	Non-Academic Week	<input type="checkbox"/> 9 am – 4 pm (full day)

\* Indicates short week due to Statutory Holiday

I have attached post-dated cheques for the above weeks: \_\_\_\_\_  
Pls. Initial

**Extended Hours:** for weeks indicated

- AM (7am-9am) @ \$15.00 per week/per child
- PM (4pm-6pm) @ \$15.00 per week/per child
- AM & PM @ \$30.00 per week/per child



**IN CASE OF EMERGENCY CONTACT**

Name	Phone	Relationship
<hr/>		

Name	Phone	Relationship
<hr/>		

List of people authorized to pick up my child(ren): (Picture ID is required to pick up. Must be 18 years of age or older)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please describe any Medical Allergies/Medical Conditions/Special Needs:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an Epi-Pen?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
(If yes, we require 2 pens)

**Medical Consent Statement:** I have provided Lynn-Rose Heights Summer Camp with all necessary medical information and I can be reached at the number(s) listed. I authorize staff to administer first aid to my child in an emergency as deemed appropriate by the attending physician(s).

**Consent Form:** I agree that as a participant my child: \_\_\_\_\_ will participate in activities at a variety of 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 Lynn-Rose Heights Summer Camp shall not be liable for any injury to my child or loss of damage to my child's personal property arising from, or in any way resulting from my child's participation in these activities.

I / We understand that Lynn-Rose Heights Summer Camp has the right to withdraw my child from the program due to behavior problems.

As various pictures are taken throughout the summer of the students. By signing below, you give permission for the use of your child's image in our advertising brochure, website, etc.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**Release and Indemnification**  
Summer Camp Transportation Program

Name of Student(s): \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Address of student: \_\_\_\_\_

Telephone # of Parent (day): \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

Date of Birth of Student: \_\_\_\_\_ Age of Student: \_\_\_\_\_

Field Trip/Program: **Summer Camp Transportation Program**

Location of Field Trip/Program: **Various trip locations**

Date / Duration of Field Trip/Program: **June 25 – August 24, 2018**

Emergency contact for student: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

In consideration of the acceptance of this application and the permission given by myself as guardian of the aforementioned child, I \_\_\_\_\_ as parent of the minor child \_\_\_\_\_ and on behalf of myself, my heirs, executors, administrators and assigns hereby forever discharge and release Lynn-Rose Heights Private School, its respective officers/directors, managers, servants, agents or employees from any claims, demands, damages, actions or causes of actions arising out of or in consequence of any loss, injury or damage to my person or property incurred while the child is attending at or participating in the **Summer Camp Transportation Program** field trip/program on the following date(s): **June 25-August 24, 2018** or participating in the aforementioned activity notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of Lynn-Rose Heights Private School, its respective officers/directors, managers, servants, agents or employees. I am aware that there are inherent risks and dangers associated with the participation in the aforementioned field trip/program and I hereby agree as parent of the said child nonetheless to assume in their entirety these risks as my own responsibility.

Signature of Parent: \_\_\_\_\_

Written name of Parent: \_\_\_\_\_

Date of Signature: \_\_\_\_\_