



# Variety Camp Half Day

2011 Camp Registration

Mon-Fri 9am-12noon

Tel: (416) 691-5211

[www.castleparkplayschool.ca](http://www.castleparkplayschool.ca)

Please print clearly and return with payment to 1971 Queen St. E. Suite 102, Toronto, Ontario M4L 1H9

Camper Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Birth date: \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent 1 Bus.Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent 2 Bus.Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Additional Info:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
July 4-8	July 11-15	July 18-22	July 25-29	Aug 2-5*	Aug.8-12	Aug 15-19	Aug 22-26
\$120	\$120	\$120	\$120	\$96*	\$120	\$120	\$120
<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *

\*Extended Care is available for \$50/week. Please indicate with second check mark.

**Payment:** \$50 non-refundable deposit required with registration and remaining balance due on first day of camp. Pay by cash or cheque only.

Please make cheque payable to: Castle Park Playschool.

I have included: Cash  Amount \$ \_\_\_\_\_

Cheque  Amount \$ \_\_\_\_\_