

KIDZ SUMMER FUN CAMP

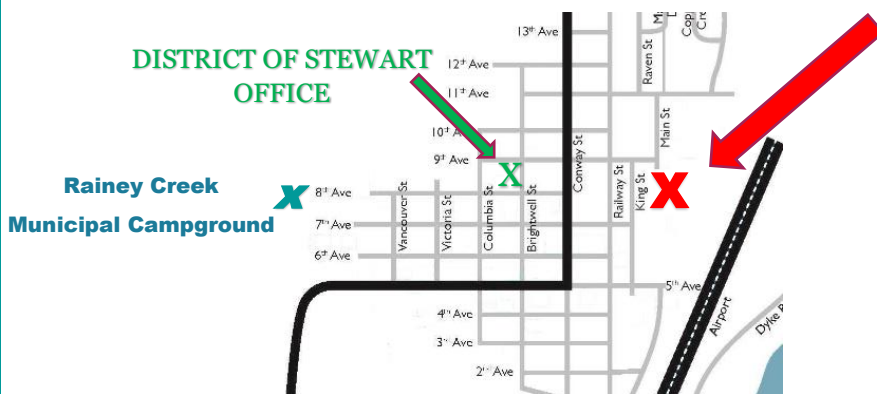


***FACILITATED BY
CHRIS AND KATHY***

Meet at:

STEWART YOUTH CENTRE

720 King Street (Upstairs above Border Town Recycling)



***PLEASE ARRIVE WITH
YOUR BICYCLE AND
HELMET AS WE WILL BE
GOING ON ADVENTURES***

(If you don't have a bicycle we will provide one!)

***KIDZ SUMMER
CAMP***

ALL AGES

MONDAY – FRIDAY

JULY 31ST to AUGUST 18TH

***Excluding BC Day
MONDAY AUGUST 7TH***

10:00 AM – 3:00 PM

DAILY

***Bring a Lunch
Snacks & Drinks Provided***

***FOR MORE
INFORMATION
CONTACT
DISTRICT OF STEWART
250-636-2251
OR Chris Smith
250-636-2352***

***DAILY OR WEEKLY
RATES***

DETAILS ON BACK



DISTRICT OF STEWART - KIDZ SUMMER FUN CAMP 2017

REGISTRATION FORM



Registration forms and payment may be made in person at the District of Stewart office
or directly to the Camp Leader prior to the start of camp each day.

PARTICIPANT INFORMATION

| | | |
|-----------------------|----------------------|-------------|
| 1 CHILD'S NAME: _____ | DATE OF BIRTH: _____ | GENDER: F M |
| 2 CHILD'S NAME: _____ | DATE OF BIRTH: _____ | GENDER: F M |
| 3 CHILD'S NAME: _____ | DATE OF BIRTH: _____ | GENDER: F M |
| 4 CHILD'S NAME: _____ | DATE OF BIRTH: _____ | GENDER: F M |
| 5 CHILD'S NAME: _____ | DATE OF BIRTH: _____ | GENDER: F M |
| 6 CHILD'S NAME: _____ | DATE OF BIRTH: _____ | GENDER: F M |

CONTACT INFORMATION

PARENT/GUARDIAN: _____ EMERGENCY CONTACT#2: _____

ADDRESS: _____ CITY: _____ POSTAL CODE _____

PRIMARY CONTACT #: _____ SECONDARY CONTACT #: _____

Is there a custody agreement we should be aware of? YES NO If Yes please provide Camp Leader with specific information

Signature of Parent/Guardian: _____

NOTE: Parent/Guardian must also complete and sign waiver and medical form at time of registration

CAMP REGISTRATION

Registration Fee

| | | | |
|---|---|------------|---|
| Week 1 | Monday July 31st- Friday August 4th | 10am - 3pm | Full week (first 2 children -each) \$ 25.00 x _____ = _____ |
| | | | Family rate (additional- each) \$ 10.00 x _____ = _____ |
| Week 2 | Tuesday August 8th - Friday August 11th | 10am - 3pm | Full week (first 2 children -each) \$ 20.00 x _____ = _____ |
| | | | Family rate (additional- each) \$ 8.00 x _____ = _____ |
| Week 3 | Monday August 14 - Friday August 18th | 10am - 3pm | Full week (first 2 children -each) \$ 25.00 x _____ = _____ |
| | | | Family rate (additional- each) \$ 10.00 x _____ = _____ |
| DROP IN RATE - PER DAY | | | 1st Child \$ 10.00 x _____ = _____ |
| | | | each additional child \$ 5.00 x _____ = _____ |
| SAVE BY REGISTERING FOR ALL 3 WEEKS! | | | First 2 children - each \$ 50.00 x _____ = _____ |
| | | | Each additional child \$ 20.00 x _____ = _____ |
| | | | TOTAL \$ - |

PAYMENT RECEIVED _____
PERSON RECEIVING SIGN HERE

Circle method of payment: CASH DEBIT CREDIT CARD

Should the affordability of the program be an issue please register through Kimberly Reid, Family Consultant, Community Poverty Reduction Initiative
at the Service BC Office - 703 Brightwell Street, Stewart, BC 250-636-2294

