

# SUMMER SAFARI REGISTRATION FORM

CAC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

NON CAC: \_\_\_\_\_ Waiver: \_\_\_\_\_

- ( ) Rec Plex      ( ) Busy Bees 3 - 4 years      ( ) Mighty Monkeys 5 - 6 years      ( ) Tumbling Tigers 7 - 8 years      ( ) Cool Cheetahs 9 - 12 years  
 ( ) SSSC      ( ) Busy Bees 3 - 4 years      ( ) Mighty Monkeys 5 - 6 years      ( ) Tumbling Tigers 7 - 8 years      ( ) Cool Cheetahs 9 - 12 years

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ CAMP: \_\_\_\_\_  
 Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ CAMP: \_\_\_\_\_  
 Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ CAMP: \_\_\_\_\_

**AM Extended Care 6:30-8:30am**      **Regular Time 8:30am-4:15pm**      **PM Extended Care 4:15-5:30pm**

	Days	Mon		Tue		Wed		Thu		Fri		Cost /Week	Payment Calculations (office use only)					
		A	P	A	P	A	P	A	P	A	P		Extended Care Calculations	Extended Care total	Total Owing	Deposit \$ Receipt #	Remainder Due & CQ #	Receipt #
1	Jun 29 - Jul 3												AM \$ __ X __ DAYS				22 Jun	
	Ext Care												PM \$ __ X __ DAYS					
2	Jul 6 - 10												AM \$ __ X __ DAYS				29 Jun	
	Ext Care												PM \$ __ X __ DAYS					
3	Jul 13 - 17												AM \$ __ X __ DAYS				6 Jul	
	Ext Care												PM \$ __ X __ DAYS					
4	Jul 20- 24												AM \$ __ X __ DAYS				13 Jul	
	Ext Care												PM \$ __ X __ DAYS					
5	Jul 27 - 31												AM \$ __ X __ DAYS				20 Jul	
	Ext Care												PM \$ __ X __ DAYS					
6	Aug 3-7												AM \$ __ X __ DAYS				27 Jul	
	Ext Care												PM \$ __ X __ DAYS					
7	Aug 10-14												AM \$ __ X __ DAYS				3 Aug	
	Ext Care												PM \$ __ X __ DAYS					
8	Aug 17-21												AM \$ __ X __ DAYS				10 Aug	
	Ext Care												PM \$ __ X __ DAYS					

**Refund & Cancellation Policy**

- The \$10.00 per child per week deposit is non refundable.
- Two weeks notice is required for a refund. With one week notice, a credit note may be issued.
  - o For discipline reasons:
    - If suspended, no refund or credit will be issued for the duration of suspension. If the child is permanently removed, the Assistant Recreation Director will determine the refund.
- All refund requests not accompanied by the white copy of the receipt will be subject to a \$5.00 administration fee.
- Full refunds will only be issued for cancellations due to medical reasons accompanied by a doctor's note.
- A 25% registration fee and per day fee, for any days attended, will be deducted from the total amount paid and applied to the refund in the event of a non-medical cancellation.
- Any credits issued may be used toward any Community Recreation program.
- The Assistant Recreation Director must approve all refund requests and credits.

**Receipts:** The white receipt issued is your official receipt. Any other copies will be subject to a \$5.00 administration fee.  
*Harassment in any form constitutes unacceptable conduct and will not be tolerated. All participants in recreational activities have the right to be treated fairly, respectfully and with dignity in an environment free of harassment. Recreation Club and Activity Harassment Prevention and Resolution Policy - [www.cfpsa.com](http://www.cfpsa.com)*

I have completed a **PERSONAL INFORMATION** form for this child and all information is correct.  
 I understand that a Red CFB Petawawa Community Recreation t-shirt must be worn for all indicated (\*) events away from the Rec Plex or SSSC.  
 I understand that this form may be faxed between program sites and precautions will be taken to ensure the security of all personal information.  
 By signing below, I agree to and I understand all information on this form.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Registration taken by: \_\_\_\_\_ Per. Info. Form verified by: \_\_\_\_\_ Names on Post Dated Cheques: \_\_\_\_\_

**I have received my camp t-shirt(s)** \_\_\_\_\_