NEW COVENANT ALLIANCE CHURCH ("NCAC")
3-week VBS Summer Camp 2017
JULY 10– July 28, 2017 (Grades 1 to 6 in September, 2017)
1490 Birchmount Road, Scarborough, ON M1P 2E3 Phone #:(647)748-3770, (416) 288-1770

APPLICATION FORM (Returning Campers)

PLEASE READ THE FOLLOWING CAREFULLY:

Camp Fee: **Grades 1 to 6: $80.00 per week (including field trip fee, if any) on or before May 31, 2017.**

Administrative Fee: **An additional $30.00 administrative fee per family will be charged if registration after May 31, 2017**

(Please make cheque payable to "NCAC", registration by mail, or in person)

Refund Policy: **No refund after May 31, 2017 (full refund less administrative fee of $30.00 on or before May 31,2017**

Daily Program: **9:00 a.m. to 4:30 p.m. (start receiving students at 8:30 a.m.)**

After School Care: **4:30 p.m. to 6:00 p.m. - $10.00 per week per child**

Extra Charge: **$0.50 for every five (5) minutes from 4:30 p.m. (Note: no tax receipt will be provided for extra charge)**

Tax Receipt: **Tax Receipt will be provided for the Camp Fee including After School Care and Administrative Fee, if any**

T-shirt Size: Children's S M L or Adult S M L (Circle only one size)
Grade going into in September: _____ Current Age of child or children:_____

Part A: PARTICIPANT INFORMATION

Participants(s)		OHIP Card No.	Sex	Birthday (MM/DD/YY)	Please insert "√" in the boxes below					Medical Info/ Allergies
First Name	Last Name				July 10-14	July 17-21	July 24-28	n/a	n/a	

Part B: AFTER SCHOOL CARE: (Please circle where necessary)

Name of Child	4:30 p.m. to 6:00 p.m.				
	July 10-14	July 17-21	July 24-28		

	July 10-14	July 17-21	July 24-28		
	July 10-14	July 17-21	July 24-28		

Part C: PRIMARY LANGUAGE: (Please circle the participant's primary language)

English Mandarin Cantonese

Part D: FLUENCY IN ENGLISH: (Please circle the participant's fluency in spoken English)

Fluent Not that Fluent Not able to speak (translation required)

Part E: FAMILY INFORMATION - please print clearly		
PARENT/ GUARDIAN:	Last Name:	First Name:
Address: Email Address:		
Home Phone No.		Business Phone No.:
Emergency Contact Name:		Emergency Contact Phone No(s):
Relationship to the Participant:		Do you attend church on a regular basis? Yes or No (please circle) If Yes, the name of the church:
Part F: MEDICAL INFORMATION		
Family Doctor's Name:		Doctor's Phone No.:

Note: This VBS Summer Camp is a nut-free environment. Please do not bring lunch with nuts.

WAIVER OF ALL LIABILITIES:

1. **The undersigned acknowledges that there will be indoor and outdoor activities during the VBS Summer Camp. The undersigned further acknowledges and consents the above-named participant(s) in participating any indoor or outdoor activities during the VBS Summer Camp and the undersigned waives all liabilities against NCAC, its employees and all its members including the staff of the VBS Summer Camp.**

2. **In the event of emergency when medical attention is required, the undersigned hereby permits NCAC, its employees including the staff of the VBS Summer Camp to send the above-named participant(s) to a local doctor or hospital for medical treatment, if necessary.**

3. **During the VBS Summer Camp at NCAC, numerous photographs and videotapes are taken to document trips and activities. Some of these photographs and videotapes are used for the internal church purposes, such as bulletin board displays, closing ceremony, cookbooks or newsletters, NCAC annual reports, for promotional purposes. The undersigned will incur the full costs of such photography or videotaping. By signing below, the undersigned acknowledges and gives permission that the VBS Summer Camp may use the photographs and videotapes taken of my child for internal church purposes and promotional purposes.**

SIGNATURE OF PARENT/GUARDIAN: _____**DATE**: _____

FOR OFFICE USE ONLY:
Fee Received: _____ (Cash/Cheque) Initial: _____ Date: _____
Remarks: _____