



TCE

SUMMER DAY CAMP FOR CHILDREN 7-12

2022

Established in 2002 - Founded & Managed by a school Principal
Programming runs from 9:00am-3:00pm Monday to Friday Supervision runs from 8:30am - 3:45pm

\$65

PER
WEEK

ONLY \$325 for ALL 6 WEEKS!
REGISTER for ALL 6 WEEKS &
GET the 6th WEEK FREE!

CAMPERS WILL PLAY SPORTS,
GAMES & CAMP ACTIVITIES!

LOCATIONS

WOODBINE

St. Brigid
50 Woodmount Ave,
Toronto

DENTONIA

Our Lady of Fatima
3176 St. Clair Ave
East, Scarborough

AGINCOURT

Holy Spirit
3530 Sheppard Ave
East, Scarborough

KENMARK

St. Maria Goretti
21 Kenmark Blvd,
Scarborough

DON MILLS

St. Timothy
25 Rochelle Cres,
North York

NORTOWN

St. Margaret
85 Carmichael
Ave, North York

SHERWOOD

St. Monica
14 Broadway Ave,
Toronto

MIDLAND

St. Albert
1125 Midland Ave,
Scarborough

CALEDONIA

St. Nicolas of Bari
1125 Midland Ave,
Scarborough

MOUNT DENNIS

Our Lady of Victory
70 Guestville
Ave, York

DERRYDOWNS

St. Wilfred
1685 Finch Ave
West, North York

REGISTER AT TCECanada.org

CONTACT US : 647-GOT-CAMP

FROM APRIL 11TH - SEPTEMBER 2ND:



TCE REGISTRATION FORM

Check Weeks Attending	Week #	Dates	Camp Fee	Amount Included in Payment
	1	July 4 - July 8	\$65	
	2	July 11 - July 15	\$65	
	3	July 18 - July 22	\$65	
	4	July 25 - July 29	\$65	
	5	Aug 2 - Aug 5	\$65	
	6	Aug 8 - Aug 12	\$65	
		Total # of Weeks Attending	Total Camp Fee	
		←	→	

CAMPER SPOTS WILL BE FILLED ON A FIRST COME, FIRST SERVE BASIS

MY CHILD WILL BE REGISTERING AT THE _____ LOCATION

TO REGISTER YOUR CHILD, PLEASE COMPLETE ALL SECTIONS OF PAGES 2&3.

CAMPER INFORMATION:

FIRST NAME: _____ LAST NAME: _____ MALE FEMALE
Circle One

Birth Date dd: ____ /mm: ____ /yyyy: _____ Age on July 1st, 2022: _____

PARENTS/GUARDIANS INFORMATION:

<small>Circle One</small> MR. MRS. MS. FIRST & LAST NAME: _____ RELATIONSHIP TO CAMPER: _____ E-MAIL: _____	<small>Circle One</small> MR. MRS. MS. FIRST & LAST NAME: _____ RELATIONSHIP TO CAMPER: _____ E-MAIL: _____
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ADDITIONAL INFORMATION:

CAMPER LIVES WITH: BOTH PARENTS MOTHER FATHER GRANDPARENTS OTHER: _____
Circle One

CAMPER WILL BE PICKED UP BY: _____
1st Guardian 2nd Guardian 3rd Guardian

HOME MAILING ADDRESS: _____
APT# STREET# STREET NAME CITY POSTAL CODE

PRIMARY CONTACT PHONE #: _____ EMERGENCY CONTACT PHONE #: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION ABOUT YOUR CHILD IN ORDER TO PROVIDE THE SAFEST CAMP ENVIRONMENT

AWARENESS & ASSUMPTION OF RISK

I am aware that summer day camp involves risks including rest of personal injury and death. Included in these risks are negligence on the part of the child's experience, the directors, officers, officials and volunteers, other participants and owners of the facilities where are the activities occur (referred to in the rest of this agreement as "TCE Canada and other"). I freely except and fully assume also that risks and the possibility of personal injury.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the TCE Canada excepting my application to participate in this activity, I agree:

1. To waive any and all claims that I may have him future against TCE Canada and others.
2. To release the TCE Canada and others from any and all liabilities for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, do you do any cause whatsoever, including negligence, breach of /contract or breach of any statutory duty of care.
3. To hold harmless and indemnify TCE Canada and others from any and all liability for any damage to property of, or personal injury to, any third-party, resulting from my participation in this activity.
4. That this agreement is binding not only myself but my next of kin, heirs, executors, administrators and assigns.

PERMISSIONS

I give permission to The Child Experience Canada to include my child and photos taken by camp staff, and/or occasional videotapes taken by local media. I understand these photos may be used for promotional purposes (e.g. slideshow, website photo gallery, brochures, camp fair display, etc), but no names will be used. I further understand that if I camper is not behaving inappropriately and safe manner, the camper will be dismissed from continuing in the camp for the rest of the day, and in serious cases, remainder of the week. I understand that registration forms cannot be processed unless signed and accompanied by payment. I give permission to The Child Experience Summer Camp to transport this camper off camp property for the purpose of medical care or to participate in camp programming which involves leaving the camp premises (e.g. Trips to pools or local parks, etc.). There will be no refunds given after the registration has been processed.

I have read this agreement and understand it. I am aware that by signing this document I am leaving certain rights which I or my next of kin, heirs, executors, administrators and the signees may have against TCE Canada and others. I also understand and except the no refund policy.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

HEALTH

List any allergies your child has:

List any medications your child takes regularly:

Other information regarding your child's health
