



2024 Spare Time Fun Centre Summer Registration e-mail: info.stfc.childcare@gmail.com

Child name _____ Gender M / F Going into Grade _____

Parent name _____ phone # _____

Check attending No or Yes. If yes **circle** the fee for which weeks your child will be attending.

Week	Date	Attending No	Attending Yes	Full day 7:30 am - 5:30 pm	Program 9 am - 4 pm	Fee
	July 1 - 5 Centre closed					
1	July 8 - 12			\$ 315	\$ 285	
2	July 15 - 19			\$ 315	\$ 285	
3	July 22 - 26			\$ 315	\$ 285	
4	July 29 - Aug 2			\$ 315	\$ 285	
5	Aug 6 - 9 Closed Mon. Aug 5			\$ 252	\$ 228	
6	Aug 12 - 16			\$ 315	\$ 285	
7	Aug 19 - 23			\$ 315	\$ 285	
	Aug 26 - 30 Centre closed					

Sub total

Please initial to confirm that you have read the following policies.

Withdrawal Policy: For cancellations made after 1 pm on June 14, no refunds and changes, only credits will be issued for future use*. There are **no changes, refunds and credits for cancellations made after 1 pm on June 21.**

Payment Policy: summer camp payment is **due by June 14 at 1 pm.** There will be no refunds or credit for days not attended.

Late fee policy: There will be a late fee charged (\$15/ 30 min), to be paid by the end of the week, if a child/ren is picked up after 4 pm on Program weeks or after 5:30 pm on Full day weeks.

Parent / guardian signature _____

Date _____

For Office Only

Summer Fee Sub total		Payment		
ACCB (subsidy) Amount		<input type="checkbox"/> Cash	<input type="checkbox"/> E-transfer	<input type="checkbox"/> Cheque
Total Summer Fee		Date		



Please check and sign these 4 contracts

Expectations

- I understand my child cannot attend if he / she is sick.
- I will call the centre by 10 am if my child will be late or absent.
- I will tell the centre if my child is going to be picked up early.
- I understand my child should not bring candy, gum, toys or money.
- I understand my child is limited to 20 minutes of screen time per day on any electronic device. This includes use of his / her cell phone. The centre is not responsible for a missing or lost cell phone. Children’s cell phones are kept in our office during field trips.
- **Contract Details: NO REGISTRATION WILL BE CONFIRMED IF THERE IS AN OUTSTANDING ACCOUNT. I understand that summer camp payment is due by June 14 at 1 pm.** I will receive a notification one day prior to the deadline. **Failure to submit the payment by the deadline will result in cancellation**, and the spot will be offered to a student on the waiting list. **For cancellations made after 1 pm on June 14, no refunds and changes, only credits will be issued**, valid until the end of 2025 spring camp. There are **no changes, refunds and credits for cancellations made after 1 pm on June 21.** *The credit can be only used for: 2024 school age care program, 2024 winter camp or 2025 spring camp. **I will receive no refunds or credits for days my child did not attend.** I have read and understand the summer program expectation and contract details.

Parent/guardian signature _____ Date _____

Photo consent

I understand photographs may be taken of my child. I give consent for his / her photographs to be:
 displayed at the centre used for promotional material posted on Spare Time’s website

Initial []

Sunscreen

Spare Time staff may administer spray sunscreen (supplied by the centre) to my child as needed.
 I will send spray sunscreen with my child and I understand that Spare Time will encourage my child to reapply the sunscreen as necessary.

Initial []

Parent / guardian agreement

I understand I must read the Parent Manual. I may find it online at www.sparetimefuncentre.com under the Parent Information box or I may ask for a paper version of the office. I agree to comply with the policies of the Parent Manual. I have read the discipline guidelines and methods used by the centre and I will support the centre staff in decisions made during centre hours. The centre staff must be informed of any event or change or routine at home which might affect my child’s behavior.

I give my child permission to participate in all of the program summer activities.

Restrictions are _____

Parent/guardian signature _____ Date _____