



2012 MARCH BREAK CAMP REGISTRATION FORM

Please complete the application form below to register for Horizon Arts Camp's 2012 March Break Camp.
PLEASE PRINT CLEARLY AND COMPLETE THE FORM IN FULL.

CHILD INFORMATION

Child's First Name:		Child's Last Name:	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:	
Address:		Suite/Apt. #:	
City:	Province:	Postal Code:	
Home Phone #:	Name of School:	Current Grade:	

PARENT/GUARDIAN #1 INFORMATION

First Name:		Last Name:	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Address:		Suite/Apt. #:	
City:	Province:	Postal Code:	
Home Phone #:	Cell Phone #:	Work Phone #:	
Email Address:		<input type="checkbox"/> Authorized to pick-up child	

PARENT/GUARDIAN #2 INFORMATION

First Name:		Last Name:	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____			
Address:		Suite/Apt. #:	
City:	Province:	Postal Code:	
Home Phone #:	Cell Phone #:	Work Phone #:	
Email Address:		<input type="checkbox"/> Authorized to pick-up child	

CAMP PROGRAMS

I would like to register my child for the following program:

<input type="checkbox"/> Junior Camp, Grades 1 & 2	<input type="checkbox"/> Lower Camp, Grades 3 - 5
<input type="checkbox"/> Upper Camp, Musical Theatre, Grades 6 - 9	<input type="checkbox"/> Upper Camp, Acting for Film and TV, Grades 6 - 9
<input type="checkbox"/> Upper Camp, Pop Jazz Dance, Grades 6 - 9	<input type="checkbox"/> Upper Camp, Printmaking, Grades 6 - 9
<input type="checkbox"/> Apply for Volunteer CIT Program, Grades 10, 11 & 12	

BEFORE & AFTER CAMP PROGRAMS

I would like to register my child for the following program - Please check all that apply:

<input type="checkbox"/> Before Camp Care (8:00am-8:40am) \$15	<input type="checkbox"/> After Camp Care (4:00pm-6:00pm) \$35
<input type="checkbox"/> Daily Bus Transportation (Morning & Afternoon) \$35	

Please choose your daily bus stop (if applicable): #1 – Falstaff, 30 Falstaff Avenue (Jane Street & Wilson Avenue) #2 – Gracefield Public School, 177 Gracefield Avenue (Black Creek Drive & Lawrence Avenue West) #3 – George Anderson Public School, 30 George Anderson Drive (Keele Street & Lawrence Avenue West) #4 – George Harvey Collegiate Institute, 1700 Keele Street (Keele Street & Eglinton Avenue West) #5 – Dennis Avenue Community School, 17 Dennis Avenue (Weston Road & Eglinton Avenue West) #6 – Portage Trail Community School, 100 Sidney Belsey Crescent (Jane Street & Weston Road) #7 – Roselands Junior Public School, 990 Jane Street (Jane Street & Eglinton Avenue West) #8 – George Syme Community School, 69 Pritchard Avenue (Jane Street & St. Clair Avenue West)**ADDITIONAL CHILD INFORMATION**Has your child taken any private or group lessons in music, dance, theatre or visual arts? No Yes

If YES, please describe:

Is your child experiencing any stressful or difficult life situations at home or at school? No Yes

If YES, please explain:

Are the child's parents divorced or separated? No Yes Other: _____

Who lives at home with your child? Please indicate relation to the child.

MEDICAL INFORMATION

Health Card Number:

Does your child have any life threatening allergies: No Yes

If YES please explain:

Does your child have any medical concerns: No Yes

If YES, please explain:

Will your child be bringing any medication(s) to camp (include epi-pen & inhalers): No Yes

If YES, please explain:

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT)

First Name:

Last Name:

Relationship to Child:

 Authorized to pick-up my child

Home Phone #:

Cell Phone #:

Work Phone #:

AUTHORIZED PICK-UP INFORMATION

Please list all the individuals who have permission to pick up your child from March Break Camp. Please note that any persons not on the list will NOT be authorized to pick up your child. Attach additional sheets if necessary.

First & Last Name	Relationship to Child	Primary Contact Phone Number

My child has permission to leave the **camp-site** unattended by an adult. (Check if this applies)

My child has permission to leave the **bus stop** unattended by an adult. (Check if this applies)

FEES & PAYMENT

March Break Camp Fee is \$375 (Early Bird rate is \$325 if payment is received before December 31, 2011). Bus Transportation and Before/After Camp Care Programs are not included in this fee.

Please note that payment must be received in order to secure your spot in our March Break Camp.

Please check one of the following methods of payment:

Cheque *
 Money Order *
 Cash
 Credit Card
 * Made payable to Horizon Arts Camp

I wish to be contacted about applying for a payment plan or camp fee subsidy

CREDIT CARD PAYMENT INFORMATION (if applicable)

Credit Card Number: _____

Expiry: _____ Card Holder's Name: _____

Security Code: _____ Card Holder's Signature: _____

Credit Card Billing Address: _____

Credit card payments will be processed using Pay Pal and an additional \$2.50 service fee will be charged.

IN SUBMITTING THIS REGISTRATION, I AGREE TO THE FOLLOWING:

- That Horizon Arts Camp reserves the right to photograph and/or videotape all arts programs and use the images for promotional purposes, unless notified by the parent/guardian in writing on or before the first day of the program.
- To provide the camp with full health and authorized pick up information and payment for my child's application.
- That my child is authorized to eat/drink all meals or snacks provided by the camp, unless otherwise notified by me.
- That I understand that I will not receive a refund for any days my child is absent from the program.
- That Horizon Arts Camp reserves the right to terminate the registration of any child if, in the camp's discretion, it is determined that such termination is to be in the best interest of the child or the program.
- That my child is in good health and is able to participate in physically demanding activities related to the camp program..
- That I give permission for my child's health information to be shared with the appropriate H.A.C. staff and outside medical personnel as necessary. If the parent or emergency contact can not be reached, permission is hereby given to H.A.C. staff to take whatever steps they deem necessary to ensure the safety and health of my child.
- That the information in the child's registration is true and correct.
- That I am the legal guardian/parent of the child applying and I am authorized to submit this application form for this child.

In signing this form, you are ensuring that all answers are completed to the best of your knowledge. Please note that incomplete forms may not be processed and forms are reviewed on a first come first served based.

Signature of Parent/Guardian

Date

Forms may be faxed to: (416) 544-9229 or emailed to: camp@horizonartscamp.org or mailed to: Horizon Arts Camp, 124 Merton Street, Suite 403, Toronto, ON M4S 2Z2