



VINCI School

# VINCI School

Camp Registration Form

149 King George, Ottawa ON - (613) 842-7557

(Please Fill Up The Form, Print, Sign and Bring It to The Office)

## STUDENT INFORMATION

### Child 1

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Child 2

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## PROGRAM INFORMATION

Elementary (5 - 10 year olds)

Preschool (1.5 - 4 years old)

Pre-care (available from 8am to 9am at no additional charge)

Post-care (available from 3:30pm to 5:00pm at 10\$ per day, includes a snack)

Attendance: From \_\_\_\_\_ to \_\_\_\_\_ (Please fill in the dates)

## FAMILY INFORMATION

My Child is Enrolled. No Need to Fill Up This Section

New Student or Existing Student With Changes

### Parent 1 Guardian 1

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Work Email \_\_\_\_\_ Home \_\_\_\_\_

### Parent 2 Guardian 2

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Work Email \_\_\_\_\_ Home \_\_\_\_\_

## Emergency Contacts (other than a parent/guardian)

1) Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician \_\_\_\_\_  
Phone \_\_\_\_\_ OHIP # (optional) \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Reaction \_\_\_\_\_  
Epipen \_\_\_\_\_ If yes, please request an Anaphylaxis Emergency Plan Form from the office.  
Other medical conditions / issues \_\_\_\_\_  
Medications taken daily \_\_\_\_\_

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

I give permission that in case of emergency; the School may call an ambulance to take my child to the Children’s Hospital of Eastern Ontario (CHEO), and secure proper treatment for my child with no liability on the School’s part.

\_\_\_\_\_  
Parent/Guardian Signature Date

**PERMISSION FOR PHOTO USE**

I give I do not give permission to the School to take my child’s photograph, likeness and/or school work and use for website, social media or other promotional purpose.  
I understand that photos will not include personally identifiable information about my child and shall never include: any last name; any home or other physical address, including street name; any email address or other online contact information, including but not limited to an instant messaging user identifier, or a screen name that reveals an individual’s e-mail address; any telephone number; or any government issued ID number”

\_\_\_\_\_  
Parent/Guardian Signature Date

**DISMISSAL**

The School reserves the right to dismiss a student from the March Break Institute or Summer Institute, without notice to the “Parent/Guardian”, if any of the terms of this Registration Contract have been breached. The School further reserves the right to dismiss a student based on the best interests and welfare of the other students, staff and/or the School. In the event of a dismissal, there will be no refunds whatsoever and all amounts then owing under this Registration Contract will remain due and owing and shall be payable in full within 90 days of the date of dismissal.

Please initial to accept the above terms: \_\_\_\_\_

**FORCED SCHOOL CLOSING**

In the unfortunate event of a forced school closing (e.g. pandemic flu, extreme force of nature) fees are non-refundable and no abatement shall apply.

Please initial to accept the above terms: \_\_\_\_\_

## ACKNOWLEDGEMENT AND UNDERSTANDING

In consideration of being permitted to participate in all Summer Camp activities, field trips, pre & post-care, or special events organized by VINCI School, the undersigned do hereby for themselves, their heirs, executors, administrators, successors, assigns and spouses remise, release and forever discharge the employees and/or owners of VINCI School involved of and from all and any claims, demands, damages, costs, expenses, actions and causes of action whether in law of equity in respect of deaths, injury, loss or damages to my child or property howsoever caused arising out of participation of all or any of the undersigned in VINCI School Summer Camp activities, field trips, pre & post-care, or special events.

And in consideration of the same, the undersigned do further hereby undertake to hold and save harmless and agree to indemnify, the aforementioned the employees and/or owners of VINCI School involved from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, our participation in VINCI School Summer Camp activities, field trips, pre & post-care, or special events including without limitation any claims made or brought on behalf of any claimant under section 61 of The Family Act S. O 1986 or successor legislation.

The undersigned further undertakes and agrees to abide by all rules and directives established by those in charge of VINCI School Summer Camp activities, field trips, pre & post-care, or special events.

The undersigned may decline authorization of a particular activity, trip/s or event/s once details have been released by VINCI School. Notification of decline should be received via email or fax to the principal at least 48 hours prior to the event. Students not participating in VINCI School Summer Camp activities, field trips, pre & post-care, or special events will be required to be picked up from school during the hours of the event, as their regular classes will not be in session.

**ADDENDUM:** Parents must be aware that some activities, field trips or special events have the potential for a child to incur injury more than others. Please note that some activities, field trips or special events fall into the higher risk category. Obviously, we will take the necessary steps to reduce the potential of injury as safety and security are paramount.

**PLEASE CONSIDER THE RISK POTENTIAL PRIOR TO SIGNING YOUR NAME TO APPROVE YOUR CHILD(REN) PARTICIPATING IN ALL YEARLY ACTIVITIES, FIELD TRIPS AND SPECIAL EVENTS.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## FEE SCHEDULE

|                                      |
|--------------------------------------|
| Elementary: Weekly \$320 + Food \$50 |
| Preschool: Weekly \$330 + Food \$50  |
| Toddler: Weekly \$345 + Food \$50    |
| Post-care needed \$50                |
| From _____ to _____                  |

|   |
|---|
| Elementary: Monthly \$1200 + Food \$150 |
| Preschool: Monthly \$1250 + Food \$150  |
| Toddler: Monthly \$1300 + Food \$150    |
| Post-care needed \$150                  |
| From _____ to _____                     |