



# Victoria Park Summer Program Registration Form

201\_\_

Kids Program (ages 5 - 12)  Teen Program (ages 13-15)

Program run times: Kids program

Please inquiry at registration as to start and finish dates

Times: 9 am to 4 pm (supervised lunch is available)

Payment Method:

\$ 250.00  \$ 450.00  \$ 600.00

Other amt \_\_\_\_\_

cash  cheque/money order  Credit Card

FOVP Rep. Initial \_\_\_\_\_

Fees: **First child \$250.00, Second child \$200.00, additional children \$150 per child**

Participants Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female MCP #: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email:

Can your Child Swim?  Yes  No Comments: \_\_\_\_\_

Medical Information: (Allergies; asthma; disabilities; behaviour issues; medications; fears; etc

The FOVP Summer Program often requires permission for certain activities please review the following list and indicate your preference:

1. For  to participate in off site field trips (including swimming) (GEO Centre, Science Centre, Salmoniar Nature Park etc) These trips require the use of both private and public buses.  Yes  No

2. For  to participate in water activities and swimming at Bowring and Bannerman Park  Yes  No

3. For  picture / image via digital or video to be used for public relations purposes only? (i.e. local paper, association website , brochures etc..)  Yes  No

If no, please comment:

Other comments or issues we should be aware of:

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

**Please Note:** The FOVP is a volunteer run Non Profit Organization that works to ensure that your children are provided with the best experience we can offer. We ask that if you can make a donation to support the continuation of this program in addition to your registration fee we would greatly appreciate it and it will go directly towards the operation of the FOVP Summer Program. Fees provided are eligible under the Daycare provision of the Income Tax Act and receipts are provided. "Your support is what keeps this program operating."

Office Use Only Date Received: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_  
Notes: \_\_\_\_\_

**Please be advised that all we strive for a healthy and active program.  
Our policy on any food restrictions will be posted once all registration forms have been processed.**