

Kamp Kodomo Registration Form

March 12 - 16, 2012

Please Print Clearly One Form for Each Child

Child's Name: _____
Last First

Child's Home Address: _____
Number Street Apt/Suite

City Postal Code Telephone, include area code

Birth Date: _____ Sex: Male Female Age: _____
Date Month Year

Ontario Health Insurance Number Doctor's Name Phone No.

Name of Parent or Guardian: _____
Last First

Relationship to Child: Mother Father Other, please specify: _____

Contact During the Day: _____
Work Telephone Number Cellular Phone/Pager Number

Email Address: _____

We would appreciate an email address to send you confirmation of your child's enrollment and to send the parent manual and emergency card prior to the beginning of Kamp. Please note that registrations with out email contact will need to fill in the forms on the first day of Kamp.

Is there other important information about your child that you would like us to know? For example, friends at the program, special interests, sports, musical instruments or arts and crafts: _____

Medical Conditions/Food & Other Allergies: _____

Program Fees	=	_____	(\$180.00 per week)
Sub-total	=	_____	
Deduct 10% if you have JCCC Family Membership	=	_____	
Deduct 5% for additional children from each family	=	_____	
Additional Extended Program Fee	=	_____	(\$35.00 per week Flat rate only)
Total	=	_____	

Payment is included by: Cheque (Payable to JCCC) (Debit Card payment accepted at JCCC reception desk)

MasterCard VISA AMEX _____
Number V code Expiry Date

Payment and Withdrawal information: Fees can be made by current dated cheques, VISA, MasterCard, AMEX or debit card. Indicate the children's names on the reverse side of all cheques. Include your VISA, MasterCard or AMEX information on this registration form if you wish to pay by credit card or if you are faxing your forms. Please note there is a \$10.00 administrative charge for all NSF Cheques returned or for VISA, MasterCard or AMEX declines. Debit card payment in person only. Full payment must be made prior to session start date. Refund Policy: Refunds, less a \$25.00 administrative charge per registrant, will be issued for all program session cancellation received in writing. Refunds are not available within one week prior to the program start date. Medical & Emergency Information: Please ensure that you provide all information requested on the registration form. A minimum of one program supervisor, coordinator or assistant is certified in Emergency First Aid Care and CPR. Special needs: Please contact the JCCC office and we will endeavor to accommodate them. Release: I hereby agree to the terms and conditions outlined above and hereby release and agree to indemnify and hold harmless the Japanese Canadian Cultural Centre, its directors and offices, its staff, employees and volunteers from any liability concerning our child(ren)'s involvement in JCCC's Kamp Kodomo and further agree that the use of all JCCC facilities is made at the risk of the applicant. The child(ren) & parent(s) agree, that any pictures taken during the program can be used in any promotion or advertisement by the JCCC. They are also aware that the pictures are available for purchase by Kamp Kodomo attendees and their families. By signing below, parents/guardians and child (ren) agree to abide by all rules, regulations & standards of conduct as required by the program staff for the session for the enjoyment & benefit of all participants.

Parent/Guardian Signature _____ Date _____

If you are registering more than one child, submit a Registration Form for each child. Return to the JCCC via mail, in person or via fax. Enrollment is limited to 25 children.

Registrations will be accepted after January 4, 2012. Registration deadline March 2, 2012

JCCC, 6 Garamond Court, Toronto, Ontario M3C 1Z5 Phone: (416)441-2345 Fax: (416)441-2347 www.jccc.on.ca