



Oriole Nursery School

SUMMER CAMP 2008 APPLICATION FORM

Please complete a separate application for each child

CHILD'S NAME: _____ Sex: _____

Date of Birth (d/m/y): _____ Age (by July 1): _____

Mailing Address: _____ Postal Code: _____

City/Province: _____

MOTHER'S NAME: _____ Work Phone #: _____

Address (if different from child): _____

Home Telephone #: _____ email: _____

Cell Phone #: _____

FATHER'S NAME: _____

Address (if different from child): _____

Home Telephone #: _____ Work Phone #: _____

Cell Phone #: _____ email: _____

CAMP SESSIONS: Each weekly camp session runs Monday to Friday (excluding statutory holidays) from 9:00 a.m. to 12:00 p.m. Camp is suitable for 2 _ to 4 _ year olds. Camp fees include snack, all activities and early morning drop-off at 8:45 a.m.

Please indicate week(s) of choice:

- Week 1 (June 23-27)
- Week 2 (June 30-July 4, including Canada Day)
- Week 3 (July 7-11)
- Week 4 (July 14-18)
- Week 5 (July 21-25)
- Week 6 (July 28-August 1)
- Week 7 (August 4-8, including Civic Holiday)
- Week 8 (August 11-15)
- Week 9 (August 18-22)
- Week 10 (August 25-29)

FEES: Each one-week session is \$200.00. Please enclose a post-dated cheque including payment for all sessions requested dated May 1, 2008, payable to Oriole Nursery School. Full payment must be included with every application to reserve a space for your child.

CANCELLATIONS AND REFUNDS: All refunds are subject to a \$25.00 administration fee. Full refunds will be given for cancellations prior to May 1st, 2008. For cancellations up to June 1st, a 50% refund will be given. No refunds will be given after June 1st, 2008.

Please find the enclosed cheque for \$ _____ for _____ week(s) as noted.

PLEASE RETURN YOUR COMPLETED APPLICATION AND FEES TO:
Summer Camp at Oriole, 1570 Yonge Street, Toronto, ON M4T 1Z8
For questions contact Sandra Adams at (416) 907-0865 or adams.oregan@gmail.com