



Vianney Academy **SUMMER CAMP** Registration Form

**Location:** 2632 Liruma Rd., Mississauga, ON

**JK - Grade 5**

Please send your completed form to [vianneyacademy@gmail.com](mailto:vianneyacademy@gmail.com) with the subject line "Registration Form: *Camper Name*".

**June 29 - August 28, 2026**

9 am to 3:30 pm (early drop off 8:00 am)

**Camper Information:**

Name (first and last): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent/Guardian Information:**

Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Additional parent/guardian information: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact: (Other than Parent or Guardian)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: (Grandparent, friend, etc.) \_\_\_\_\_





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**PERMISSIONS:**

1. I, \_\_\_\_\_ (print parent name) give permission for my child,  
\_\_\_\_\_ - (print child's name) to be driven to the local park(s) by  
authorized Vianney Academy Staff or Volunteers.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

2. I give permission for photos to be taken of my child, and used by Vianney Academy Inc.

I give permission for my child to appear in the following:

Please check Yes or No for each.

School Displays                      YES \_\_\_\_                      NO \_\_\_\_

Vianney Website                      YES \_\_\_\_                      NO \_\_\_\_

Vianney Facebook Page                      YES \_\_\_\_                      NO \_\_\_\_

Vianney Yearbook                      YES \_\_\_\_                      NO \_\_\_\_

Vianney Advertisements                      YES \_\_\_\_                      NO \_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



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Camper Name: \_\_\_\_\_

Please select the Week(s) you would like to register:

- Week 1 – June 29 - July 3 (4 days - No Camp on July 1st - Canada Day)
- Week 2 – July 6 - July 10
- Week 3 – July 13 - July 17
- Week 4 – July 20 - July 24
- Week 5 – July 27 - July 31
- Week 6 – Aug 3 - Aug 7 (4 days - No Camp on August 4th - Civic Holiday)
- Week 7 – Aug 10 - Aug 14
- Week 8 – Aug 17 - Aug 21
- Week 9 – Aug 24 - Aug 28

Please select: \_\_\_ 5 Days/Week    \_\_\_ 4 Days/Week    \_\_\_ 3 Days/Week

1:1 Support Worker: Yes \_\_\_\_\_ No \_\_\_\_\_

2:1 Support Worker: Yes \_\_\_\_\_ No \_\_\_\_\_

**SELECT YOUR OPTIONS:**

**Tutoring:** (English or Math)

Choose: One: \_\_\_ 1 Hour 5 Days/Week: add \$300/Week

\_\_\_ 1 Hour 4 Days/Week: add \$240/Week

\_\_\_ 1 Hour 3 Days/Week: add \$180/Week

\_\_\_ 1 Hour 2 Days/Week: add \$120/Week

\_\_\_ 1 Hour 1 Day/Week: add \$60/Week

**RATES:**

Small Group: \$110/day

1:1 Support: \$240/day

2:1 Support: \$150/day



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Late Pickup: \$10/each 30 minute period or less

**TOTAL FEES:**

**Please calculate your total fees here:**

#of Days/Week \_\_\_\_\_ x Rate \_\_\_\_\_ x # of Weeks \_\_\_\_\_ = SubTotal \$ \_\_\_\_\_

**For Tutoring and Educational Therapy only:**

#of Hours/Week \_\_\_\_\_ x \$60/hour x # of Weeks \_\_\_\_\_ = SubTotal \$ \_\_\_\_\_

TOTAL = \$ \_\_\_\_\_

**NOTE: NO REFUNDS. If your child is absent Make Up Days must be taken within 30 days during 2026 Summer Camp Weeks only.**

Parent's Name: (Print): \_\_\_\_\_

Parent Signature to Acknowledge: \_\_\_\_\_

Date: \_\_\_\_\_

**FUNDING:**

I will be using funding to pay for Summer Camp: Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please check one of the following:

OAP: \_\_\_\_\_ Clinical Supervision Fee will be added: \$230/Month

Mississauga Community Living: \_\_\_\_\_

SSAH: \_\_\_\_\_



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Passport: \_\_\_\_\_

Other: \_\_\_\_\_ Please specify: \_\_\_\_\_

**PAYMENT METHOD:**

\_\_\_\_\_ CASH

\_\_\_\_\_ E-TRANSFER TO: [vianneyacademy@gmail.com](mailto:vianneyacademy@gmail.com)

\_\_\_\_\_ PAYPAL (Note: For the PayPal Option a 3% Service Fee will be added to your total)

Date payment received: \_\_\_\_\_