



Vianney Academy **SUMMER CAMP** Registration Form

**Location:** 1516 Clarkson Rd. N., Mississauga, ON

**Ages:** Grade 6 - Adult

Please send your completed form to karenuschold@gmail.com with the subject line  
"Registration Form: *Camper Name*".

**July 2 - August 9, 2024**

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 – July 2 - 5 (4 days)
- Week 2 – July 15 - 19
- Week 3 – July 22 - 26
- Week 4 – July 29 - Aug 2
- Week 5 – Aug 6 - Aug 9 (4 days)

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

My child needs a 1:1 Worker: Yes \_\_\_\_\_ No \_\_\_\_\_

**RATES:**

Small Group: \$85/day

1:1 Support: \$210/day

2:1 Support: \$120/day

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

**TOTAL FEES:**

Please calculate your total fees here:

#of Days \_\_\_\_\_ x Rate \_\_\_\_\_ = Total \$ \_\_\_\_\_

**NOTE: NO REFUNDS.** If your child is absent Make Up Days must be taken within 30 days during 2024 Summer Camp Weeks only. Please sign to acknowledge: \_\_\_\_\_

**PAYMENT METHOD:**

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

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