



Vianney Academy **SUMMER CAMP** Registration Form

Location: 2632 Liruma Rd., Mississauga, ON

Ages: JK - Grade 6

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

July 2 - August 23, 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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Does your child have any learning challenges? If yes, please describe.

Does your child have any allergies? If yes, please list.



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

- Week 1 – July 2 - 5 (4 days)
- Week 2 – July 8 - 12
- Week 3 – July 15 - 19
- Week 4 – July 22 - 26
- Week 5 – July 29 - Aug 2
- Week 6 – Aug 6 - Aug 9 (4 days)
- Week 7 – Aug 12 - 16
- Week 8 – Aug 19 - 23

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

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 _____ PAYPAL

Date payment received: _____