

SPARE TIME CHALLENGE CLUB / BOBOLINK
2022 SPRING BREAK COMMUNITY REGISTRATION

Spring Break Location: Kingsford-Smith Elementary 6901 Elliott St. 604-325-1010

Email: astrid@sparetimesociety.org



@sparetimechallenge

@sparetimebobolink

Please complete the attached Spring Break registration form and return it with payment to the centre by **March 7, 2022**. If you are registering more than one child, please complete one form for each child. Please note: space is limited and registration will be accepted on a first come, first serve basis.

Cost for the five-day session:

- Grade 1-7 Fee: **\$302.00 per week**/ Kindergarten Fee: **\$275.00 per week**

Families receiving MAXIMUM ACCB:

- Grade 1-7 Fee: **\$204.50 per week** / Kindergarten Fee: **\$177.50 per week**
- For families currently receiving *maximum* Affordable Child Care Benefit (ACCB) from the Ministry of Children and Family Development. Please include authorization with your payment).
- Families receiving *partial* ACCB please see supervisor for fee

Lunch, snacks and all activities are included in this fee. **(No daily rates available)**

There will be no changes allowed, and no refunds or credits, unless we are able to fill your space, in which case a full refund minus a \$35.00 administrative charge will be issued. There will be no refunds or credits for days not attended, with exception of centre closures.

(please e-transfer to astrid@sparetimesociety.org.)

Contract

If your child is arriving late or if you intend to pick your child up early, please notify the centre in advance. Please walk your child to the centre entrance every morning. Do not let your child bring electronics or anything that might be lost or broken.

- Centre Hours 7:30am - 6:00pm
- **Please phone the centre before 10:00 am if your child will be late or absent.**
- Weeks will only be confirmed by payment/ACCB authorization.
- Registration will not be confirmed if there is an outstanding account

I have read the Spring Break Calendar and give my child permission to participate in all the Spring Break activities. I understand that payment must be paid in advance and there are **NO REFUNDS OR CREDITS ALLOWED FOR CANCELLATIONS OR CHANGES** unless Spare Time is able to fill the space, in which case there will be a full refund less a \$35.00 administrative charge, or if there are centre closures. There are no refunds or credits for days not attended.

PLEASE KEEP THIS COPY FOR YOUR REFERENCE



SPARE TIME CHALLENGE CLUB / BOBOLINK
2022 SPRING BREAK COMMUNITY REGISTRATION

Child's Full Name: _____

Grade: _____

Parent Name: _____ Primary Phone No.: _____ Parent E-mail address: _____

Please print clearly

Please print clearly

I would like to register for:

| | | | |
|--------|-------------|--|----------|
| Week 1 | March 14-18 | Grade 1-7 Fee: \$302.00 / Kindergarten Fee: \$275.00 | \$ _____ |
| Week 2 | March 21-25 | Grade 1-7 Fee: \$302.00 / Kindergarten Fee: \$275.00 | \$ _____ |

Families receiving MAXIMUM ACCB:

| | | | |
|--------|-------------|--|----------|
| Week 1 | March 14-18 | Grade 1-7 Fee: \$204.50 / Kindergarten Fee: \$177.50 | \$ _____ |
| Week 2 | March 21-25 | Grade 1-7 Fee: \$204.50 / Kindergarten Fee: \$177.50 | \$ _____ |

(please e-transfer astrid@sparetimesociety.org)

Total: \$ _____

Child Health Information:

Registering a child with Allergies, Health Concerns, or Dietary Restrictions? (please indicate): Yes No

If yes, please specify: _____

If it is a severe allergy or if your child has asthma please complete the Anaphylaxis care plan or Asthma care plan found on our website if there is not already one at the centre.

Registering a child who requires extra support? (please indicate): Yes No

If yes, please specify the type of care needed. Discussion with the centre supervisor will follow.

Photo Consent:

Photos will be taken during the Spring Break program and shared on our social media pages to give families a look into the program. The images may also be used for future marketing initiatives to promote Spare Time Child Care Society. Please select **ONE** of the following options:

- Yes, I give photo consent.
- No, I do not give photo consent

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Date: _____

Parent/Guardian Signature: _____