

**SPARE TIME CLUBHOUSE/CONNECTION**  
**2022 SPRING BREAK WOLFE/LIVINGSTONE COMMUNITY REGISTRATION**  
**Spring Break Location: General Wolfe Elementary 4251 Ontario St. 604 875-1818**

Email: [alona@sparetimesociety.org](mailto:alona@sparetimesociety.org)



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. Registration will be confirmed within 24 hours via email.

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 [alona@sparetimesociety.org](mailto:alona@sparetimesociety.org))**

### Contract

If your child is arriving late or 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 CLUBHOUSE/CONNECTION**

**2022 SPRING BREAK WOLFE/LIVINGSTONE 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: <b>\$302.00</b> / Kindergarten Fee: <b>\$275.00</b>	\$ _____
Week 2	March 21-25	Grade 1-7 Fee: <b>\$302.00</b> / Kindergarten Fee: <b>\$275.00</b>	\$ _____

**Families receiving MAXIMUM ACCB:**

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

(please e-transfer [alona@sparetimesociety.org](mailto:alona@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: \_\_\_\_\_