



# Variety Camp 2025

## Half Day

9am-12pm  1pm-4pm

416 691-5211

[www.castleparkdaycare.ca](http://www.castleparkdaycare.ca)

1971 Queen St. E. Suite 102, Toronto, Ontario M4L 1H9

Camper's Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Birth date: \_\_\_\_\_ grade \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Postal Code

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health card #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
July 2-4	July 7-11	July 14-18	July 21-25	July 28-Aug.1	Aug. 5-8	Aug 11-15	Closed	Aug.25-29
\$90*	\$150	\$150	\$150	\$150	\$120*	\$150	Closed	\$150
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/> *	<input type="checkbox"/> <input type="checkbox"/>

\*extended care is available for \$50/week until 6pm. Please indicate with a 2<sup>nd</sup> check mark.

**Payment:** \$50 non-refundable deposit required with registration and remaining balance due by July 1<sup>st</sup>. Pay by cash, cheque or e-transfer. Please make cheque payable to: Ella Dembeck. E-mail for e-transfer: [edembeck22@gmail.com](mailto:edembeck22@gmail.com). Don't forget to mention your child's name in the e-transfer!

I have included: cash  Cheque  e-transfer

Amount: \$ \_\_\_\_\_