



Variety Camp 2025

Full Day
9am-4pm

www.castleparkdaycare.ca

416 691-5211

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

Camper's First Name: _____ Last Name _____ M ____ F ____

Birth date: ____/____/____ grade ____ School: _____

Address: _____
Street City Postal Code

Parent Name: _____ Cell # (____) _____

Work: (____) _____ e-mail _____

Emergency contact: _____ Relationship: _____

Work #: (____) _____ Cell #: (____) _____

Authorized pick up: 1) _____ Relationship: _____

2) _____ Relationship: _____

Allergies: _____
Please fill out anaphylactic form if needed (please ask staff)

Physician's name: _____ Phone #: _____

Health card #: _____

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
\$130*	\$230	\$230	\$230	\$230	\$180	\$230	Closed	\$230
<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 2nd check mark.

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

I have included: cash Cheque e-transfer

Amount: \$ _____