

# Boitania Summer Daycamp 2020 Registration Request

Child's Name \_\_\_\_\_  
 Guardian Name \_\_\_\_\_  
 Contact Phone Number \_\_\_\_\_

- My child has completed Kindergarten  
 Registration paperwork completed

\*Circle ALL the days that you would like your child registered. Each child must have their own form.

\*Cancellation with Refund Policy: **Daily** registrations require 72h notice,

**Weekly** registrations require 7 days' notice.

\***Changes to registrations will be accepted, after April 1, by emailing [licensedcare@williamslake.ca](mailto:licensedcare@williamslake.ca)**

\*Fees will be adjusted for Non-Access Pass holders.

## June & July 2020

M	T	W	Th	F
June 29	June 30	Canada Day	July 2	July 3
July 6	July 7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

## August & September 2020

M	T	W	Th	F
BC Day	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31	Sept 1	Sept 2	Sept 3	Sept 4

**Daily: \$33.50/ day**

Total Number of Days \_\_\_\_\_ X \$33.50= \_\_\_\_\_

**Weekly (4 days): \$120.00/ week (Jn 29-Jul 3 & Aug 4-7)**

Total Number of Weeks \_\_\_\_\_ X \$120.00= \_\_\_\_\_

**Weekly (5 days): \$150.00/ week**

Total Number of Weeks \_\_\_\_\_ X \$150.00= \_\_\_\_\_

Total Cost: \_\_\_\_\_

\_\_\_\_\_ If weekly spaces are full, register my child in available daily spaces at the daily rate.

Payment: **Minimum of 4 weekly registrations are eligible for postdated payments.**

\_\_\_\_\_ Pay in Full \_\_\_\_\_ Postdated

Payment Type:

Cash/Debit      Credit Card      Cheque # \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CVC# \_\_\_\_\_

Use credit card on file

Office Use	Date	Time	Staff
	Received	_____	_____
	Entered	_____	_____
	Guardian Contacted	_____	_____

Once registration is completed, I understand that weekly spaces **CAN NOT** be transferred to daily spaces.

I understand that this is a registration request and does not guarantee a space in Boitania Summer Daycamp.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_