



Variety Camp 2026

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 10
June 29-July 3	July 6-10	July 13-17	July 20-24	July 27-31	Aug. 4-7	Aug 10-14	Aug 17-21	Aug.31-Sept 4
\$190*	\$240	\$240	\$240	\$240	\$190*	\$240	\$240	\$240
<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 e-transfer!

I have included: cash Cheque e-transfer

Amount: \$ _____