



# Kids Club Spring Break 2017 - Community Registration Form

Center Location: \_\_\_\_\_

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Capilano Kids Club</b><br>1230 West 20 <sup>th</sup> Street<br>604.985.0116 | <b>Cleveland Kids Club</b><br>1255 Eldon Road<br>604-929-4829 | <b>Lynn Valley Kids Club</b><br>3361 Mountain Hwy<br>604.985.4013 | <b>Ridgeway Kids Club</b><br>420 East 8 <sup>th</sup><br>604.987.0339 | <b>Westview Kids Club</b><br>641 West 17 <sup>th</sup> Street<br>604.998.0182 |
| Child's Name: _____  |   |   | Child's Birthdate: _____  |   |
| Parent's Name: _____   |   |   | Email: _____  |   |
| Address: _____   |   |   | Postal Code: _____  |   |
| Phone: (h) _____   |   | (w) _____   | (c) _____   |   |

### Registration Fees:

5 days 8:45am-6:00pm Fee \$202.00  
 3 days 8:45am-6:00pm Fee: \$141.00  
 2 days 8:45am-6:00pm Fee: \$ 94.00

**BEFORE CAMP HOURS:**  
 AM: 7:30am-8:45am - add \$6.00 per day

| Monday<br>March 13 <sup>th</sup> | Tuesday<br>March 14 <sup>th</sup> | Wednesday<br>March 15 <sup>th</sup> | Thursday<br>March 16 <sup>th</sup> | Friday<br>March 17 <sup>st</sup> | Total<br>Weekly Fees |
|----------------------------------|-----------------------------------|-------------------------------------|------------------------------------|----------------------------------|----------------------|
| Hrs: _____                       | Hrs: _____                        | Hrs: _____                          | Hrs: _____                         | Hrs: _____                       | \$ _____             |
| Fee: _____                       | Fee: _____                        | Fee: _____                          | Fee: _____                         | Fee: _____                       |                      |
| Monday<br>March 20 <sup>th</sup> | Tuesday<br>March 21 <sup>th</sup> | Wednesday<br>March 22 <sup>th</sup> | Thursday<br>March 23 <sup>th</sup> | Friday<br>March 24 <sup>th</sup> | Total<br>Weekly Fees |
| Hrs: _____                       | Hrs: _____                        | Hrs: _____                          | Hrs: _____                         | Hrs: _____                       | \$ _____             |
| Fee: _____                       | Fee: _____                        | Fee: _____                          | Fee: _____                         | Fee: _____                       |                      |

**Payment: 30 days written notice is required for cancelling registered days.** Payment is due with this registration form. Cheques are payable to NSNH (North Shore Neighbourhood House). Credit card charges will appear as: **North Shore Neighbourhood House**. Once dates are confirmed, you will be financially responsible for the above days you registered for.

**Payment Method:**     Cheque     Credit Card    Visa and MasterCard accepted  
 Name: \_\_\_\_\_ Visa/MC # \_\_\_\_\_

Expiry \_\_\_\_\_ Signature \_\_\_\_\_

**Are there any special considerations, (e.g. health conditions, allergies), we need to know to support your child?**

\_\_\_\_\_

I have read and understand the above terms. Signature \_\_\_\_\_ Date \_\_\_\_\_

