

School of Performing Arts for the Community of East York

www.the-SPACE.ca

1324 Danforth Avenue, Toronto, ON M4J 1M9 416 850–1677 Focused On Building Self - Esteem

linette@the~space.ca



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2017 SUMMER CAMP REGISTRATION FORM

Student Name:		_Birthdate:			
Student Name: First	Last		day	month	year
Parent/Guardian name(s)					
			Relat	ionship to st	udent
Home Phone Number:	Cell/Work Num	ıber:			
Home Address:		City		Postal Code	
		Ů		rosiai Couc	J
E-mail Address: will be used for updates and reminders;	please note if you are unable to open	attachments			
Fmargancy Contact Nama and Number	·• • • • • • • • • • • • • • • • • • •				
Emergency Contact Name and Number:	ill be used only if a parent/guardian	cannot be reached			
Please note any medical conditions (i.e. asthma, al					
- Treate new arry memory continuous (not desirately as				•	
Is there anything else we should know? (i.e. learn	ing difficulties, other impo	rtant informatic	n)		
SUMMER CAMP POLICIES Fees must be paid in full (cash, debit/credit card, or ch students, and may be combined or cancelled due to ins	eque) one week prior to the f				
All Camp sessions run from 9am to 3pm. Campers are or not picked up by 3:15 pm campers will be considered accordingly (extended care rates are \$10 per hour or probserve class only. Hair must be tied back off the face oversized clothing (we must see the body to ensure produce shoes may participate in socks or barefoot. Gum	to arrive on time, and be picled part of the extended care part thereof). To ensure safety and neck, and jewellery remoper technique), or street shoe	ked up promptly; rogram, and pare y, late or unprepare ved. No jeans (the s are to be worn i	if droppe nts will k red stude ey restric n class. (d off befo be charged nts may be t moveme Campers v	re 8:45 am, l e asked to ent), vithout
Although every effort is made to ensure student safety, <i>Teachers must be informed in advance if campers are</i> individual teachers and extended care providers cannot at The S.P.A.C.E., however caused.	unable to fully participate in a	activities for any r	<i>eason.</i> T	he S.P.A.C	.E., and
is capable of participating in all abide by the Camp Policies, and assume all risks and reand extended care providers from any and all liability. for The S.P.A.C.E., and understand that during perform has no control over, and assumes no responsibility for and all liability arising from the practices of any third	sponsibilities. I hereby releas I give permission for my chil ances, my child may also be rehe practices of any third party. I also agree to be solely	e The S.P.A.C.E., and a slikeness to apprecorded by third by. I expressly relieve responsible for r	and the in pear in pr parties, a eve The S	dividual tomotionand that Tl .P.A.C.E. f	eachers al material ne S.P.A.C.E. rom any
Signature (Parent/Guardian signature required if under	er 18):		_date:		

CAMP SESSION	DATES AND TIMES please check boxes	EXTENDED CARE REQUIRED? please check boxes	CAMP FEES	REGISTER				
Teen Dance Intensive ages 12 – 18	□ July 24 – July 28	not offered this week	\$299	\$				
Teen Musical Theatre ages 12 – 18	□ July 31 – August 4	not offered this week	\$299	\$				
Dance Camp ages 6 – 12	□ July 10 – July 14 □ August 14 – August 18	□am only:8–9am = \$45 □pm only:3–6pm = \$135 □am+pm:8–9am+3–6pm=\$175	\$299 per week	\$				
Musical Theatre Camp ages 6 – 12	□ July 17 – July 21 □ August 21 – August 25	□am only:8–9am = \$45 □pm only:3–6pm = \$135 □am+pm:8–9am+3–6pm=\$175	\$299 per week	\$				
Extended Care also available	by the hour at a rate of \$10 per ho	our or part thereof. Please specify date	s and times re	quired below.				
Hourly Extended Care			\$10/hr	\$				
SUBTOTAL:								
DISCOUNTS: Registering for more than one week? Got a sibling in camp, too? Take 10% off!								
Please add 13% HST to subtotal (87120 4426 RT0001)								
GRAND TOTAL:								
Please make cheques payable to The SPACE								
	FOR CREDIT (CARD PAYMENTS						
Name as it appears on card: Card Number:								
Card type (please circle)	ard type (please circle): Visa MasterCard Expiry Date: Validation Code:							
Cardholder Signature: Date: Date:								
For Office Use Only – Please Do Not Write In This Area								
\$	_cheque/cash/Visa/MC received:	deposited:						
\$	_ cheque/cash/Visa/MC received:	:deposited:						
TOTAL\$ receipt number(s):								