



A sport, fitness and life skills
facility for people of all abilities.

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The After School Program Application Form Fall 2022

CAMPER INFORMATION

First Name:	Last Name:		
Date of Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Undisclosed

MEDICAL INFORMATION

Please check the appropriate box and answer the following questions:	Yes	No
Does the participant have a disability that you would like us to be aware of? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any concerns (physical/social etc.) that you would like us to be aware in order that we may assist in your participant's adjustment in the camp? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant have any allergies that you would like us to be aware of? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant carry an epi-pen?	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant need to take any medication? If yes, please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Permission to be administered during program?	<input type="checkbox"/>	<input type="checkbox"/>
Time/Dose:		

PRIMARY CONTACT INFORMATION

First Name:	Last Name:		
Permission to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
Unit/Apt:	City:	Postal Code:	Province:
Phone:	Cell:	Work:	Ext.
Email:	Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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EMERGENCY CONTACT INFORMATION (Other than previously listed)

Primary Contact	Relationship	Home Phone:
		Cell Phone:
		Permission to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Contact	Relationship	Home Phone:
		Cell Phone:
		Permission to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other individuals who have permission to pick up your child:

AFTER SCHOOL PROGRAM DAY SELECTION

Dates are subject to change due to Toronto Public Health Guidelines and Facility Renovation

NO PROGRAM:
October 7th– PA Day Camp Available
October 10th– Thanksgiving, Facility Closed
November 18th– PA Day Camp Available

In the table below, select which days you would like your child to attend the After School Program. Our rate is listed per day, however families must commit to the requested days for the entire session of the program. Please note, that our program ratio is 1 staff to 4 children, to a maximum of 12 participants per day. We require that all participants are able to participate safely under this supervision ratio, as well as follow our program itinerary. We reserve the right to ask a participant to withdraw from the program if they cannot participate safely under this supervision ratio. 1:1 support is unavailable for the fall session.

Cost	Monday	Tuesday	Wednesday	Thursday	Friday
Member \$25/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Member \$30/day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Program Days	14	15	16	16	15
Total Amount per Day					
Total Amount for the Session:				\$	



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TRANSPORTATION INFORMATION

In the table below, indicate how your child will be arriving to the program and how they will be picked up. If your participant is getting picked up by wheel-trans, please book their pickup time for 4:40pm at the latest.

Drop Off		Pick Up	
<input type="checkbox"/> School Bus	Time: _____	<input type="checkbox"/> School Bus	Time: _____
<input type="checkbox"/> Wheel-trans	Time: _____	<input type="checkbox"/> Wheel-trans	Time: _____
<input type="checkbox"/> Parent Drop-Off	Time: _____	<input type="checkbox"/> Parent Pick-Up	Time: _____
		<input type="checkbox"/> Drop my child at another VV Program	Name: _____ Time: _____

☐ Permission to travel independently. Signature authorization: _____

CONSENT AND WAIVER

While my child attends Variety Village Camps, I assume all responsibility for any injury, loss or damage which he/she might suffer in connection with their participation in camp programs. In addition, I, for myself, my child, any of my personal representatives, heirs, or successors, release and discharge Variety Village and Variety - The Children's Charity from any and all claims and causes of action I may ever have in connection with the above event, and waive all my rights thereto. I also grant the organizers the irrevocable right to use as they see fit for publicity, advertising or related purposes, my child's name, voice or physical appearance or any comments of my child's concerning the event. I acknowledge having read and understood the above and agree to each term.

I hereby give Variety—The Children's Charity and Variety Village the right and permission to publish/broadcast, without charge, photographs/images/videos taken of the above listed participant during his or her participation in Day Camp. These photographs/images/videos may be used in publication, including electronic publications during TV broadcast or in audio visual presentations, promotional literature, advertising or in other similar ways.

I understand and agree to all of the above terms and conditions.

Campers Full Name (please print clearly):

Signature (Parent/Guardian if under 18 years):

Date:



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BILLING INFORMATION

<input type="checkbox"/> Same as Primary Contact		<input type="checkbox"/> This information is for a funding agency: _____	
First Name:		Last Name:	
Address:			
City:	Postal Code:	Province:	Country:
Phone:		Work:	
Email:		Permission to contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYMENT INFORMATION

Payment Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> Please provide receipt	Please make cheques payable to: Variety Village Please do not send cash in the mail.
Credit	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX		
Payment Plan <small>*Please note a credit card or post-dated cheques are require for a payment plan</small>	<input type="checkbox"/> One-time	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly		
Card No.		Expiry:		CV Code:	
I authorize Variety Village to debit my card in the amount of \$ _____					
Name on Card:			Signature:		

ADMINISTRATIVE USE ONLY

Date Received:	Verified By :
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