



# 8 SESSIONS OF FUN!

SESSION 1: July 2 - 5

SESSION 2: July 8 - 12

SESSION 3: July 15 - 19

SESSION 4: July 22 - 26

SESSION 5: July 29 - Aug 2

SESSION 6: Aug 6 - 9

SESSION 7: Aug 12 - 16

SESSION 8: Aug 19 - 23

### Camp Locations

Session 1-6 at Our Lady of Lourdes Catholic School

Session 7-8 at CNH 349 Ontario Street



**Camp Coordinator: Franclyn Clement**

fclement@tngcs.org | 416.925.4363 | cell 416.797.5043



# CNH SUMMER CAMP

**REGISTER NOW AND SECURE YOUR SPOT**

**\$75/WK\* | AGES 5-13**

\*Subsidies Available

- Meet new friends
- Field Trips
- Swimming
- Adventure
- Dance
- Cooking
- Sports
- Science
- Drama/ Art



349 Ontario Street  
Toronto, ON  
M5A 2V8

[www.cnh.on.ca](http://www.cnh.on.ca)



NEIGHBOURHOODS WORKING TOGETHER

# CNH Summer Day Camp 2019

Please fill out this form and return it to the Camp Coordinator as soon as possible to confirm your child(ren)'s space. This form serves as a blanket permission form for swimming, camp activities and off-site trips on TTC and school buses.

## 1. Camper's Information

Name:	Age:	FEMALE	MALE
Address:	Apt.#	<input type="checkbox"/>	<input type="checkbox"/>
Postal Code:	Telephone/Cell Number:		
Parent / Guardian Name:	Work Telephone Number:		
Please check this box if you wish to apply for subsidy <input type="checkbox"/>	Email:		

<b>Session 1</b>	<b>Session 2</b>	<b>Session 3</b>	<b>Session 4</b>
July 2 – 5 <input type="checkbox"/>	July 8 – 12 <input type="checkbox"/>	July 15 – 19 <input type="checkbox"/>	July 22 – 26 <input type="checkbox"/>
<b>Session 5</b>	<b>Session 6</b>	<b>Session 7</b>	<b>Session 8</b>
July 29 – Aug. 2 <input type="checkbox"/>	Aug. 6 – 9 <input type="checkbox"/>	Aug. 12 – 16 <input type="checkbox"/>	Aug. 19 – 23 <input type="checkbox"/>

## 2. Emergency Contact Information (Different from main contact)

Emergency Contact:	Relationship:
Address:	Telephone Number:

## 3. Medical Information

Doctor's Name:	Telephone Number:
Does your child have allergies? YES NO	Please List:
Health Card Number: -	Health Concerns:

## 4. Authorized person(s) to pick up the Camper

1. Name:	2. Name:
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## 5. How did you hear about our camp?

- My child is a past camper  
 Through the Send-a-Kid-to-Camp flyer  
 By receiving this flyer  
 Through a friend  
 Other \_\_\_\_\_

I hereby give Central Neighbourhood House Association (CNH) officials the authority to act on my behalf in any case of emergency. I hereby release CNH and its agents or employees from all claims for damages arising from any incidents or other occurrences resulting in injury, which are caused by or arise from the participation of the above named child. Moreover, I give permission to CNH to use any photographs of said child for the purposes of promoting the program and/or the agency. This release covers all program activities in any location.

Parent /Guardian Signature:

Date:

**PLEASE NOTE: Space is limited. Registration is on a first-come, first-served basis.**