



Earl Bales Community Day Camp

Are You Considering Extended Hours?

Is it a rush for you to either drop off your children at 8:45 in the morning or pick them up at 3:30 in the afternoon? Then take advantage of Extended Hours. Simply detach the request form below and mail it along with a cheque in the amount of **\$50 per child per week to:**

Earl Bales Community Day Camp
c/o 105 Vaughan Blvd.
Thornhill, Ontario
L4J 3N8

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EXTENDED HOURS REQUEST FORM

Yes! I would like to take advantage of Extended Hours, which allows me to drop my child(ren) off at 8:00 a.m. and to pick my child(ren) up by 5:30 p.m. I understand that Extended Hours are offered on a full week basis only, but I can arrange with the Camp Director for only partial use (for example, just mornings, just afternoons, or just a few days of the week, etc.); however, the **\$50 per week** per child fee still applies. I also understand that extended hours fees are non-refundable after April 1st. Finally, I understand that I must pick up my child(ren) by 5:30 p.m.; otherwise the camp incurs additional staffing costs. **My share of those additional costs after 5:30 p.m. would be \$1.00 per minute, per child for every minute after 5:30 p.m.** My signature below indicates agreement to these terms.

NOTE that on the last day of camp (August 24th) there will be **no extended hours after camp.**
All children **MUST** be picked up by 3:30 p.m.

Please note that space is only guaranteed for those who send in extended hours fees with the application.

of children to participate in Extended Hours: _____

Name(s) of child(ren): _____

Session(s) my child(ren) is/are attending for which I require Extended Hours:
(Please check off **ALL** sessions required)

July 3 - August 24: _____ (8 weeks, with August 6th a holiday)
July 3 - July 27: _____ (4 weeks)
July 30 - August 24: _____ (4 weeks, August 6th a holiday)
July 30 - August 10: _____ (2 weeks, with August 6th a holiday)
August 13 - August 24: _____ (2 weeks)

My child(ren) will be attending: before camp after camp

My child(ren) will be attending: Monday Tuesday Wednesday Thursday Friday

I am enclosing a cheque for _____ child(ren) for _____ weeks at **\$50** each week in the amount of \$_____

I agree that emergency Medical Treatment permission and other Terms and Conditions that I acknowledged via my signature on the Application Form also apply during extended hours.

(Signature of Parent/Guardian)

(Date)