



St. John of the Cross Parish
2020 MBC Registration Form

Open to youth in Grade 1-6 regardless of school or parish
Monday, March 16th – Friday, March 20th
9:00AM-4:00PM Daily / AM & PM EXTENDED CARE AVAILABLE

*** Registration Deadline: Sunday, March 1, 2020 ***

CAMPER(S) INFO

INFO	CHILD 1	CHILD 2 (IF APPLIC.)	CHILD 3 (IF APPLIC.)
LAST NAME			
FIRST NAME			
BIRTHDAY (D/M/Y)			
GENDER (M/F)			
SCHOOL			
OHIP #			
ALLERG/MED ISSUES			

FAMILY INFO

HOME PHONE # _____
CELL PHONE # _____
FATHER'S /GUARDIAN'S NAME _____
MOTHER'S /GUARDIAN'S NAME _____
EMAIL FOR UPDATES _____

EMERGENCY CONTACT

NAME _____ PHONE # _____

PICKUP PERMISSIONS

Who, NOT including Parent(s)/Guard(s) has permission to pick up your child from camp?

REGISTRATION INFO

FEE:

\$25 per Day, OR \$100 for the Week (\$25 Discount)

(One Snack Provided Daily)

Family Discount: Each Sibling \$20/day OR \$80/week

jcym.ca/marchbreak | ym@sjocross.org



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EXTENDED CARE:

Daily, AM (8:00-9:00am) and/or PM (4:00-5:00pm) options - \$5/day for either option
Family Discount: 2nd/3rd Child Extended Care is free

Please write down the days that your child(ren) will attend. If they will be attending each day, please simply write: "ALL"

If you would like Extended Care please advise days and either AM, PM or both

Total \$ Fee (based on the math indicated above) \$ _____

Please deliver a sealed envelope with the Total \$ Fee (cheque/cash), before March 1st, labelled: MBC
with your child(ren)'s name(s), date, parent email & phone # to the Parish Office prior to the deadline.
(Cheque preferred) Payment will be made by, circle: CASH or CHEQUE "St. John of the Cross Parish"
Subsidies are available if in need.

PERMISSIONS

- 1. I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St. John of the Cross Parish, the Toronto Archdiocese, any volunteer, chaperone, or driver responsible.*
- 2. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.*
- 3. In signing this I am granting my youth permission to participate at March Break Camp at St. John of the Cross Parish.*
- 4. I understand my son/daughter's photograph and/or likeness and name may be used in a future promotion whether that be a parish publication, website, or video publication. If you do not wish to have your child photographed, please explain to your child that it is his/her responsibility to remove him/herself from group photographs.*
- 5. I will ensure that I (or who is noted below) come(s) inside to pick up my/the child(ren) at the end of March Break Camp each day.*

Sign Here: _____