## **SUMMER & WINTER CAMPS AT FIELDSTONE**



## **APPLICATION**

Registration is on a first-come first-serve basis. Please complete the following steps. Sessions are subject to cancellation depending on enrolment. Upon receipt of payment and the application, you will receive information regarding your child's enrolment.

Step 1: Complete the application form on the back of this page.

Step 2: Send the completed application form.

Option 1: Mail Fieldstone School 2999 Dufferin St., Toronto, ON, Canada

M6B 3T4

Option 2: Email camp@fieldstonedayschool.org

Step 3: Send payment to Fieldstone Day School

**Option 1: Cheque** 

Please make cheque payable to Fieldstone Day School.

**Option 2: Funds Wired to Bank** 

Canadian Imperial Bank of Commerce 35 Lakeshore Road East

Port Credit, ON,

Canada L5G 1C9

Transit: 00422010 Account: 3508412

ABA Code: 0260090593 Swift Code: CIBCCATT

First Name	Surname	Gender 🗖 Male 🗖 Femal	e <b>Fe</b>
			Sto
yy/mm/dd First Language			FIELDSTO
Home Address			
Phone Number	Do you have any	medical conditions?   Yes   No	
If yes, please explain in detail			
Parent Information			
First Name	Surname	Email Address	
Nationality	First Language	Phone Number	
Relationship to Participant			
Emergency Contact			
First Name	Surname	Email Address	
Nationality	First Language	Phone Number	
Relationship to Participant			
Program (Circle one)			
Which season would you like to come? How many weeks do you want to particip (Winter is available for 2 and 3 weeks onl	oate?*	Summer/ Winter 2 Weeks / 3 Weeks / 4 Wee	eks / 5 Weeks
Refund Policy			
Fieldstone must be notified in writing of a able.	any changes or withdrawals.	Please note that the application fee (\$250 CAN	) is non-refund-
	notify Fieldstone in writing a an Immigration Authorities.	all prepaid fees except for CAD \$250 nd return the original Letter of Acceptance and Fieldstone must be notified in writing at least	
<ul> <li>CONDITIONS</li> <li>All participants are responsible for of a contract of the contrac</li></ul>	es set by Fieldstone and the		
 Declaration			
<ul> <li>I declare that the information I have</li> <li>I declare that I have disclosed all me</li> <li>I have read and understand the refu</li> </ul>	edical conditions as well any	medications taken by my child.	
Name of Parent or Guardian	n	Signature of Parent or Guardian	