



Wonder Of Learning Organization School of Arts
1346 Kingsway, Vancouver BC V5V 3E4
604-829-1346 | admin@wonderoflearning.ca | www.wonderoflearning.ca

PROGRAM REGISTRATION FORM

**Please fill out the information below and return. Please fill a different form for each sibling.*

Child's Name: _____

Class/Program: _____ Pro D Day Camps _____

GENERAL INFORMATION

Program Type: Camp Dance Class Language Class Other: _____

Description: Fun and engaging themed pro-d day camps for children age 5 to 12 years old. Students will take public transit on field trips to visit places of interest in Vancouver such as Science World, the Aquarium, Bloedel Conservatory, some of the cities amazing parks, and more!

Pro-D Day Camp runs from **8:30am - 3:30pm**, with add on time available until **5:30pm**.

Are you a Before and Afterschool Program Member? Yes, \$67.50^{+tax} No, \$75.00^{+tax}

Date(s): Please check off which date(s) you would like to register for

January 20th, 2020 February 14th, 2020 May 15th, 2020 June 26th, 2020

Would you like to add on time for **\$10/hr?** No Yes, pickup at 4:30pm Yes, pickup at 5:30pm

Supplies: Each child is responsible for being able to carry their own belongings. Please ensure your child can carry their backpack or try to pack lighter. *Each student must have: a waterbottle, a lunch and snacks (Nut Free), and weather appropriate clothing. These should all be able to fit into one backpack.*

If your child needs something for a specific Pro-D Day camp you will be notified ahead of time via email, so please check with our staff that your contact information is up to date.

PARENT AGREEMENT

- I have read, understood and agree to follow **ALL** policies.
- I have discussed any questions with the office. I fully understand the policies on the registration forms.
- I agree to contact the admins immediately to update to my contact or payment information.

Signed Signature: _____ Date: _____

Written Name: _____ Relationship: _____

For Office Use Only:

Student Registration on file and up to date: Yes No Program Deposit Paid: Yes No Auth#: _____

Emergency Card on file and up to date: Yes No Program Paid in full: Yes No Auth#: _____

INFORMATION RECEIVED BY:

Date (yy/mm/dd)
Print Name
Signature