

## **TTVG Summer Camp Registration Form**

- 1, Address: St. Benedict Elementary School, 2525 River Mist Rd, Nepean, ON K2J 5Z1
- 2, Dates: July 3 to August 2, 2024, totaling 5 weeks
  - a. Daily schedule: **11:30am to 5:30PM**, all Campers must leave the school by **5:30pm** as it is a mandatory requirement by OCCSB.
    - The TTVG Summer camp start after the OCSB morning international language program.
  - b. Various activities will be organized according to the interests and age of children. Parents may indicate their children's interests when registering.
- 3, Fees: The TTVG summer camp registration fees are on a weekly basis.
  - a. Standard fee: \$ 150 / week (\$90 for Week 1). For 5 consecutive weeks, a discount applies (Total \$670).
  - b. **Registration deadline: June 15, 2024**. After the deadline an additional \$25 later registration fee applies.
- c. Temporarily participation in the summer camp is subject to the consent of the camp leader, paying \$ 40 per day, participating at least 3 days a week.
  - d. Payment: Online register at Education board website, no cash.

## *Online register:* <a href="https://ocsb.ebasefm.com/programs">https://ocsb.ebasefm.com/programs</a>

Contact: 613-228-3338 continuing.education@ocsb.ca

Note1: If cancel, the education board will charge \$15 admin fee per student

Note2: After registration online please fill this form, send to <a href="ttvqcamp@qmail.com">ttvqcamp@qmail.com</a> for TTVG summer camp record keeping and class dividing.

- 4, Absence: No refund will be given for absence.
- 5. Time to pick up the child: Parents **must pick up the child before 5:30pm** daily in the summer camp.
- 6. Clothing: The child's clothing must be suitable for sports, a set of replacement clothes must be prepared.
- 7. Sun protection: Campers must bring their own sunscreen and hat.
- 8, Food and Beverage: The campers need to bring their own Food and Beverage.
- 9. Special circumstances: Parents are requested to indicate whether their child have special health Requirement such as asthma or allergies when registering.

Does your child have a special medical condition? NO YES (please specify)

Name:			Gender:	Date of bir	th: year	month	n day
Home Ad	dress:						
Father's name:			Contact phone#:				
Mother's name:			Contact phone #:				
Base scho	ool /Grad	de:					
Email:							
		weeks: k1 Jul 3 – J .5 – Jul 19	ul 5 (3 days	5 weeks i) [ k4 Jul 22 – Ju		<2 Jul8−Ju	ıl 12 Jul 29 – Aug 2
				one of the items I			· ·
please add		-			sciott die c	or interest to yo	ar crima,
Basketball	Soccer C	raft Painting	Calligraphy	Chinese chess	Musicals (	singing, dance,	Chinese Opera)