

KINDERCAMP • 83 GREEN LANE, THORNHILL, ON L3T 6K6  
 Tel: 905-886-0420 • Fax: 905-886-0421  
[www.chabadmarkham.org/KinderCamp](http://www.chabadmarkham.org/KinderCamp)

**REGISTRATION FORM FOR SUMMER 2026**  
***(Fill out form completely as per ministry requirements!)***

Admission Date: \_\_\_\_\_ Last Day as Camper: \_\_\_\_\_

Child's first name: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's Hebrew name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

Sex: M / F Home address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_

**MOTHER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**FATHER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone (if different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

OHIP Number: \_\_\_\_\_

Allergies or medical problems: \_\_\_\_\_

\_\_\_\_\_

Any history of communicable disease \_\_\_\_\_

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**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home Address \_\_\_\_\_

**AUTHORIZED PERSONS TO PICK UP CHILD FROM CAMP OTHER THAN PARENTS (Please add any additional information to the back of this page):**

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

If an emergency arises (G-d forbid) and none of the above telephone numbers can be reached, I hereby give KinderCamp permission to take whatever measures it feels proper for the occasion.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby give KinderCamp permission to take pictures of my child and publish them online.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECURITY DEPOSIT

To secure your spot, a \$500 deposit is required upon registration. This deposit is deductible from your monthly fee.

### PAYMENT INFORMATION

**TUITION PER MONTH:** \_\_\_\_\_ (Note: Post-dated payments are required for the entire summer for registration to be processed.)

Payable by July 2nd, 2026:

**T-SHIRT FEE: \$10.00** (  Check here if your child will need a KinderCamp t-shirt, mandatory for all camp trips.)

**Please include:**

- Postdated cheques made to CLOM (Deposit must be current date. Remaining cheques are due 1<sup>st</sup> of every month, beginning July 2026. T-shirt fee should be post-dated for July 2nd, 2026.)
- Visa/ MasterCard \_\_\_\_\_ exp. \_\_\_\_\_

**Name as it appears on card:** \_\_\_\_\_

### FRIENDS

Please indicate below up to 3 names of friends your child would like to join for camp. Every effort will be made to accommodate such requests:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

To secure your spot, include:

- Registration Form and Immunization Record
- \$500 deposit deductible from your monthly fee

### Cancellation Policy

We require 2 weeks' notice of camp cancellation (or payment in lieu of). In the event that you need to take your child out in the middle of camp, we will return all payments scheduled less 2 weeks' future cost. Please note that the deposit of \$500 will not be returned.

### Child Care Receipts

You will receive a Child Care Receipt at the end of each tax year in which you made payments.

The new CWELCC Fees Subsidy/Grants has been released. We are pleased to inform you that the changes are now reflected in the updated fee information.

## Please indicate your program of interest

### GRADE

TODDLER 18 months + (at start of camp)	PRE-NURSERY 24 months + (at start of camp)	NURSERY Entering grade in September 2026	JR KINDERGARTEN Entering grade in September 2026	SR KINDERGARTEN Entering grade in September 2026
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### HALF DAY PROGRAM

(Available for Toddler & Pre-Nursery Only)

<input type="checkbox"/> Session 1: Thurs. July 2 – Fri. July 31	<input type="checkbox"/> Session 2: Tues. Aug. 4 – Wed. Aug 26	<input type="checkbox"/> Entire Summer
<input type="checkbox"/> 5 day Camp Mon. – Fri.: 9:00 am – 1:00 pm	\$850.00/mo. CWELCC: \$448.27 Parents: \$401.73	\$1700.00 CWELCC: \$896.54 Parents: \$803.46

### FULL DAY PROGRAM

<input type="checkbox"/> Session 1: Thurs. July 2 – Fri. July 31	<input type="checkbox"/> Session 2: Tues. Aug. 4 – Wed. Aug. 26	<input type="checkbox"/> Entire Summer
<input type="checkbox"/> 5 day Camp Mon. – Fri.: 9:00 am – 3:30 pm	\$1310.00/mo. CWELCC: \$831.50 Parents: \$478.50	\$2620.00 CWELCC: \$1663 Parents: \$957.00

Up-to-date Immunization Records are **MANDATORY**. Please email a copy to [kindercamp@chabadmarkham.org](mailto:kindercamp@chabadmarkham.org) or fax to 905-886-0421. This must be submitted before the first day of camp in order to be allowed entrance.

Call York Region Community & Health Services Immunization Team at 1-877-794-1880 if you need exemption forms or have any questions.

**Subsidies:** We are registered with York Region for fee assistance, ages Toddler to Nursery. To apply, please call 1-888-703-5437.

**FINAL PAYMENT FOR CAMP IS DUE NO LATER THAN THE LAST DAY YOUR CHILD IS IN CAMP. PRE-PAYMENTS CAN BE SET UP BEGINNING AS EARLY AS FEBRUARY FOR YOUR CONVENIENCE.**

# Immunization record

To be completed by parent **prior** to entry into child care centre.

Name of child care centre \_\_\_\_\_

Child's name \_\_\_\_\_

Ontario Health Card number: \_\_\_\_\_ Birth date: \_\_\_\_\_ sex: \_\_\_\_\_  
yy/mm/dd

Parent or guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone: home: \_\_\_\_\_ business: \_\_\_\_\_

Under the *Day Nurseries Act*, Section 33, "every operator shall ensure that before a child is admitted to a day nursery operated by the operator or to a location where private-home day care is provided by the operator, and from time to time thereafter, the child is immunized as recommended by the local medical officer of health."

Please complete the record below (enclose a copy of the child's immunization record if possible) and **return to the operator of the child care centre, prior to admission.**

Date vaccine given	Diphtheria	Tetanus	Pertussis	Polio	Hib	Pneumo conjugate	Measles, Mumps Rubella	Men C conjugate	Varicella	Hepatitis B

- Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 if:**
- This child needs an exemption from immunization against any disease listed for medical, religious or conscientious reasons, or
  - This child does not have an immunization record, or
  - You have any questions about this form

Collection of this information is authorized under the *Day Nurseries Act*, 1990. This information is used by the Medical Officer of Health to take appropriate action to prevent certain vaccine preventable diseases in York Region. For further details concerning the collection, please contact the Manager of Infectious Diseases Control, Community and Health Services Department at (905) 830-4444 ext. 3578.