



2379 Trafalgar Road, Unit 6 – Oakville, Ontario – L6H 6K7 admin@trms.ca – www.trms.ca – 905-257-5955

2020 Fun in the Sun CAMP REGISTRATION FORM

Student First Name / Last Name	Date of birth DD/MM/YY	Grade level JK/SK/1,2,3 @ June 1 st , 2020
1-		
2-		
3-		

Select the week(s) attending	Cost per week 8 AM to 4 PM	After Care 4-6 PM	# of Students participating	Total Due
Week 1–June 29/30&July2/3 (4 days)	<input type="checkbox"/> \$240.00	<input type="checkbox"/> \$40.00	X	\$
Week 2 - July 6 to 10	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$50.00	X	\$
Week 3 -July 13 to 17	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$50.00	X	\$
Week 4 -July 20 to 24	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$50.00	X	\$
Week 5 –July 27 to 31	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$50.00	X	\$
Attending 5 Weeks	<input type="checkbox"/> \$1,540.00	<input type="checkbox"/> \$240.00	X	\$
SUBTOTAL				\$
Deposit due with registration for current TRMS students ^{**1}		<input type="checkbox"/> \$150.00	X	- \$.00
Deposit due with registration for non TRMS students ^{**1} Minimum of 1 week's fees is due		<input type="checkbox"/> \$240.00 <input type="checkbox"/> \$325.00	X	- \$.00
Balance of Fees due May 1 st , 2020				\$.00

****1 - I AGREE TO PAY THE ABOVE NOTED 2020 CAMP FEES and I UNDERSTAND NO PORTION OF SUCH FEES PAID OR OUTSTANDING WILL BE REFUNDED OR CANCELLED IN THE EVENT OF ABSENCE OR WITHDRAWAL FROM THE TRMS 2020 SUMMER CAMP PROGRAM AFTER MAY 1ST, 2020. I UNDERSTAND THAT A \$150.00 ADMINISTRATION FEE WILL BE APPLIED TO ALL REGISTRATIONS CANCELLED PRIOR TO MAY 1ST, 2020. ALL FEES INCLUDE LUNCH & SNACKS ON WEDNESDAY & FRIDAY AND 4 FIELD TRIPS. I hereby authorized my child(ren) to participate on the offsite weekly field trips and activities.**

Signature of Parent/ Guardian _____ Dated _____(dd) _____(mm), 2020

PAYMENT MADE VIA :

Post-dated cheques	Interact E-transfer
<input type="checkbox"/> Camp deposit due with registration Chq# _____	<input type="checkbox"/> Camp deposit due with registration
<input type="checkbox"/> Post-dated to May 1 st balance of Camp Fees Chq # _____	<input type="checkbox"/> Due May 1 st balance of Camp Fees
<input type="checkbox"/> Post-dated to May 1 st After Care Fees Chq # _____	<input type="checkbox"/> Due May 1 st After Care Fees

Interact E-transfer PAYMENT PLAN

Parent/ Guardian Information

Last Name _____ First Name _____

Email _____ used to contact you for Interact E-transfer payment

Confidential Password used for Interact E-transfer _____