

HOLIDAY CAMP 2009



Kids Super Gym

Mississauga

MEMBER OF GYMNASTICS ONTARIO

Camp will be held the December 21,22,23,24,28,29,30,31,2009. Children ages 4 and up will be able to participate in half day and / or full day programs. Activities will include: Gymnastics, Arts and Crafts (with a holiday theme), Trampoline, Co-Operative Sport and Games, etc.

Spaces book quickly so please plan ahead. PAYMENT IS DUE AT TIME OF REGISTRATION. No refunds will be offered for missed camp days. PLEASE NOTE: NO CHILD WILL BE ABLE TO PARTICIPATE IN THE CAMP PROGRAM WITHOUT PRIOR REGISTRATION, PAYMENT AND A MINIMUM OF 24 HOURS NOTICE.

NON MEMBERS	Mornings:	9 a.m. to 12 noon	\$ 29.00*	per half day
	Afternoon:	1 p.m. to 4 p.m.	\$ 29.00*	per half day
	NO REFUNDS Full Days:	9 a.m. to 4 p.m.	\$ 49.00*	per day

MEMBERS	ANNUAL REGISTRATION FEE**	\$ 25.00	(valid from July 1/09 - June30/10)	
NO REFUNDS	Mornings:	9 a.m. to 12 noon	\$ 20.00*	per half day
	Afternoons:	1 p.m. to 4 p.m.	\$ 20.00*	per half day
	Full Day	9 a.m. to 4 p.m.	\$ 35.00*	per day
*GST included **Charged only if not paid for the 09 – 10 season.				

BEFORE AND AFTER CARE is provide from 7:00 a.m. drop off to 6:00 p.m. pick up. Required times for drop off and / or pick up must be indicated on the registration form and paid for at registration as staff must be scheduled for the extended hours.

Dates	Dec. 21	Dec. 22	Dec. 23	Dec. 24	Dec 28	Dec. 29	Dec. 30	Dec. 31		DROP OFF	PICK UP
9 to 12	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.			
OR											
1 to 4	P.M.	P.M.	P.M.	CLOSED	P.M.	P.M.	P.M.	CLOSED			
OR											
9 to 4	Full Day	Full Day	Full Day	A.M. only	Full Day	Full Day	Full Day	A.M. only			

KIDS SUPERGYM – MISSISSAUGA 3620A Laird Rd. Units 9 & 10, Miss. On L5L 6A8
 Phone: 905-607-5437 Fax: 905-607-5140 e-mail: kidssupergym@hotmail.com www.kids-supergym.com

Please keep the top portion of this form for your record of days booked

TO REGISTER YOUR CHILD PLEASE CUT AND RETURN THIS BOTTOM PORTION ALONG WITH THE FULL PAGE MEDICAL REGISTRATION FORM AND PAYMENT

Participant:	M / F	Parent / Guardian Name:
Address	City:	Postal Code:
Phone:		
Date of Birth M: D: Y:	Health Card #:	Cell #:

Medical Concerns:											
Dates	Dec. 21	Dec. 22	Dec. 23	Dec. 24	Dec 28	Dec. 29	Dec. 30	Dec. 31		DROP OFF	PICK UP
9 to 12	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.	A.M.			
OR											
1 to 4	P.M.	P.M.	P.M.	CLOSED	P.M.	P.M.	P.M.	CLOSED			
OR											
9 to 4	Full Day	Full Day	Full Day	A.M. only	Full Day	Full Day	Full Day	A.M. only			

NON-MEMBERS				
# of half days:		X \$29.00		
# of full days:		X \$49.00		
B & A care	Drop off	Pick up	# of half hours	
			X \$2	
TOTAL				

MEMBERS				
REG. FEE	1	X \$25.00		
# of half days:		X \$20.00		
# of full days:		X \$35.00		
B & A care	Drop off	Pick up	# of half hours	
			X \$2	
TOTAL				