

# MARCH BREAK CAMP 2010



## Kids Super Gym

Mississauga

MEMBER OF GYMNASTICS ONTARIO

Camp will be held the week of Mar. 15-19/10. 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, Brain Teasers, 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.**

<b>NON MEMBERS</b>	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
	<b>NO REFUNDS</b> Full Days:	9 a.m. to 4 p.m.	\$ 49.00* per day

<b>MEMBERS</b>	ANNUAL REGISTRATION FEE** \$ 25.00 (valid from July 1/09 - June30/10)		
<b>NO REFUNDS</b>	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	Mar. 15	Mar. 16	Mar. 17	Mar. 18	Mar. 19		DROP OFF	PICK UP	
9 to 12	A.M.	A.M.	A.M.	A.M.	A.M.				
OR									
1 to 4	P.M.	P.M.	P.M.	P.M.	P.M.				
OR									
9 to 4	Full Day	Full Day	Full Day	Full Day	Full Day				

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	Mar. 15	Mar. 16	Mar. 17	Mar. 18	Mar. 19		DROP OFF	PICK UP	
9 to 12	A.M.	A.M.	A.M.	A.M.	A.M.				
OR									
1 to 4	P.M.	P.M.	P.M.	P.M.	P.M.				
OR									
9 to 4	Full Day	Full Day	Full Day	Full Day	Full Day				

NON-MEMBERS					MEMBERS				
# of half days:		X \$29.00			REG. FEE	1	X \$25.00		
# of full days:		X \$49.00			# of half days:		X \$20.00		
B & A care	Drop off	Pick up	# of half hours		# of full days:		X \$35.00		
					B & A care	Drop off	Pick up	# of half hours	
			X \$2					X \$2	
TOTAL					TOTAL				