



Waterfront Neighbourhood Centre
2026 Summer Daze Camp Registration Form
Ages 5 – 12 years | June 29th – August 20th, 2026

Tracking # _____ Camper Name: _____ Camper Age (as of July/August): _____

Camp Hours and Information	Fees																																																				
<p>Camp Hours: 9:30am - 4:30pm Extended Hours: 8:30am - 9:30am 4:30pm - 5:30pm</p> <p>Registration Information:</p> <ul style="list-style-type: none"> ▪ After School Daze Program Early Bird- Monday March 16th, 2026. ▪ Community Members - Monday, March 23rd, 2026 (Families living in WNC catchment area: Strachan Ave, Yonge St, Front St, Lake Ontario) ▪ Associate Members – Monday, April 20, 2026 (Families living outside WNC catchment area) <p>Proof of Residence: (eg. Driver’s license, Utility bill) is required at time of registration.</p> <p>Proof of Age: Parents/Caregivers are also required to provide proof of age at the time of registration. All campers must be born before July or August 2021 to register.</p> <p>Register early and Save! Camp registration fees increase by 10% as of June 1st.</p> <p>Deposit: A minimum 50% deposit of your total camp fee (including extended care fees) is required at time of registration.</p> <p>Payment deadline: Camp fees are due in full by June 5th. Outstanding payments will result in the loss of the camp space.</p> <p>Refunds: No refunds will be given for cancellations after June 1st. Cancellations prior to June 1st are subject to a \$10 administrative fee.</p> <p>Trip fees: Trip fees may apply. Subsidy is not applicable.</p> <p>Late Pick Up Fee: \$1.00 per minute will be charged for late pickup. Non-negotiable.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Community Member Fee:</td> <td style="width: 50%;">Extended Care fee:</td> </tr> <tr> <td><input type="checkbox"/> Week 1 June 29 - July 3: \$77</td> <td><input type="checkbox"/> \$28</td> </tr> <tr> <td><input type="checkbox"/> Week 2 July 6 - 10: \$96</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 3 July 13 - 17: \$96</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 4 July 20 - 24: \$96</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 5 July 27 – 31: \$96</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 6 Aug 4 - 7: \$77</td> <td><input type="checkbox"/> \$28</td> </tr> <tr> <td><input type="checkbox"/> Week 7 Aug 10 - 14: \$96</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 8 Aug 17 - 20: \$77</td> <td><input type="checkbox"/> \$28</td> </tr> <tr> <td>Associate Member Fee:</td> <td>Extended Care fee:</td> </tr> <tr> <td><input type="checkbox"/> Week 1 June 29 - July 3: \$100</td> <td><input type="checkbox"/> \$28</td> </tr> <tr> <td><input type="checkbox"/> Week 2 July 6 - 10: \$167</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 3 July 13 - 17: \$167</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 4 July 20 - 24: \$167</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 5 July 27 – 31: \$167</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 6 Aug 4 - 7: \$134</td> <td><input type="checkbox"/> \$28</td> </tr> <tr> <td><input type="checkbox"/> Week 7 Aug 10 - 14: \$167</td> <td><input type="checkbox"/> \$34</td> </tr> <tr> <td><input type="checkbox"/> Week 8 Aug 17 - 20: \$134</td> <td><input type="checkbox"/> \$28</td> </tr> <tr> <td colspan="2">Sub Total: _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Registration After June 1st (+10%) Sub Total: _____</td> </tr> <tr> <td colspan="2">Camp T-Shirts (Required). 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Personal Information:		
Mailing Address:	Postal Code:	
Child 1/Ward's Name:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	D.O.B (dd/mm/yyyy):
Child 2/Ward's Name:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	D.O.B (dd/mm/yyyy):
Child 3/Ward's Name:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	D.O.B (dd/mm/yyyy):
Child 4/Ward's Name:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	D.O.B (dd/mm/yyyy):
Parent/Guardian's listed below will automatically be added to the child/ward's authorized pick-up list		
Parent/Guardian #1 Name:	Parent/Guardian #2 Name:	
Home Phone:	Home Phone:	
Cell Phone:	Cell Phone:	
Work Phone:	Work Phone:	
Email Address (Required- PRINT CLEARLY):	Email Address (Required- PRINT CLEARLY):	
Emergency Care: (Please provide Names and Telephone numbers of alternate emergency contacts)		
Emergency Contact #1 (Required):	Emergency Contact #2:	
Phone:	Phone:	
Relationship to Child/Ward:	Relationship to Child/Ward:	
Medical Information:		
Medication currently taken by Child/Ward:		
Allergies: (Please list below. Allergy Forms will be provided to you before first day and must be completed before child starts camp)		
Epipen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical conditions and/or specific information regarding the needs of your child we should be aware of :		
Child/Ward Release Authorization:		
<i>Only Parent/Guardian's and Contacts listed below will be permitted to pick up your Child/Ward from the camp</i>		
Name:	Relationship to Child:	
Name:	Relationship to Child:	
WNC Policies & Permissions: Please read all sections completely		
Medical Release:		
If I (Parent/Guardian) cannot be reached in the event of an accident or other medical emergency, I give permission for the personnel of Waterfront Neighbourhood Centre to obtain immediate qualified medical assistance for my Child/Ward. Treatment may include the administration of drugs, anesthetics, blood transfusions, injections or any treatment as noted to be needed by the physician caring for my Child/Ward. I understand that every effort will be made to contact me immediately.		
Child Abuse Policy:		
All staff at Waterfront Neighbourhood Centre is required by law to report to Children's Aid Society (CAS) if there is concern for the well-being of a child. If CAS is called, Parents/Guardians will be notified according to directions from the CAS worker. If abuse is suspected and medical attention required, the Parent/Guardian will be notified according to the direction from CAS. I understand that this is a mandatory agency policy.		

Permission for Daily Excursions:

Throughout the summer, supervised groups of campers frequently participate in daily outings. WNC staff recommends that your Child/Ward participate in these outings as they are an important aspect of our camp program.
I give permission for my Child/Ward to participate and understand that all outings and camp activities will be listed in the weekly camp calendar.

Media Release:

I give my permission for my Child/Ward to be:

Audiotaped, filmed, interviewed, photographed, recorded and/or videotaped and to have this material/work - in part or in whole - displayed, published and/or distributed through the media of film, multi-media presentations, radio, social media sites, television, printed or display form.

I understand that the material/work may appear in electronic format on the internet or in other publications outside the control of the above-named agencies/partners/people. I agree that I will not hold the above-named responsible for any harm that may arise from such unauthorized reproduction.

I hereby waive any right to approve the use of this material/work now or in the future, whether that use is known to me or unknown, and I waive any rights to any royalties related to the use of the material/work.

I agree to the following WNC Policies and give my permission:

Yes No **Medical Release**

Yes **Child Abuse Policy (Mandatory Agency Policy)**

Yes No **Permission for Daily Excursions**

Yes No **Media Release**

Yes No **Permission to leave camp on his/her own (only children ages 10 years and older)**

I hereby release Waterfront Neighbourhood Centre (WNC) and all persons employed by and/or associated with WNC from all claims and causes of action resulting from the participation of my Child/Ward in the 2026 Summer Camp offered from June 29th – August 20th, 2026.

Parent/Guardian Signature: _____

Parent/Guardian Name (Please Print): _____

Date: _____

The personal information on this form is collected under the authority of the City of Toronto Act, 2006, and Art. XI of Ch. 169 of the Toronto Municipal Code. This information is used to process your application for program participation; the registration of individuals in programs; payment of fees; collection of outstanding fee amounts; aggregate statistical reporting, contacting clients regarding upcoming programs, and additional mailings. Questions about this collection can be directed to Natasha Francis, Executive Director, Waterfront Neighbourhood Centre, 627 Queens Quay West, Toronto, M5V 3G3.

PAYMENT AND SUBSIDY REQUEST (FOR OFFICE USE ONLY)

Community Member () Associate Member () WNC Membership # _____

Proof of Residence Yes No Proof of Age Yes No

Payment amount: _____ Receipt # _____ Date: _____

Subsidized fee: _____ WNC Staff Initial: _____