

girls
inc.

of Durham



SUMMER CAMP

\$140 for Members | \$175 for Non-Members

**Each Day is
Something New**

9:00 a.m.–4:00 p.m.

Before and After Care
available for an
additional fee

CIT Summer Camp
Counsellors in Training
(13-16yrs)

- Group Work
- Self-Confidence
- Independence
- Friendship

Our Summer Camps provide
a place for youth to make
lasting friendships and have
fun!

A girl is a young person who identifies as a girl regardless of her assigned sex at birth, or who is exploring gender identity or expression.

**To register use the QR code,
call in, email or visit our
website.
www.girlsinc-durham.org**



**For more information contact
Tracey McCannell**

905-428-8111 ext 222

tmccannell@durham.girls-inc.org

Registration Form

Child's Name: _____

Birthday: ____ / ____ / ____ (DD/MM/YYYY) Age: ____

School: _____ Grade: _____

Please indicate any medical information that you would like us to be aware of i.e. food allergies, medications, medical conditions etc.

Main Contact

Name: _____ Relationship to Child: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Email: _____

Alternative/Emergency Contact Name: _____ Phone: _____

Program Permission

I hereby grant permission for my child _____ to participate in Girls Inc. of Durham programming. I give my consent for her to participate in field trips and neighbourhood outings arranged by the staff at Girls Inc. of Durham. Parents will be notified in advance of any such trips and may be asked to provide additional support depending on the outing. I understand that my daughter may be transported by vehicle or walking, with adult supervision, in order to arrive at the destination. I recognize that Girls Inc. might reach out to my family during the year to check in i.e. phone calls, chalking etc. I understand that my medical coverage is the primary insurer for my child and will not hold Girls Incorporated of Durham responsible in case of an accident or injury.

Parent/Guardian Signature: _____ Date: _____

Media Release

There will be occasions where pictures or videos of your daughter will be taken to be used in media projects for the purpose of our program. These photos may also be used for public relation purposes, newsletter, brochures, annual reports, radio, television newspapers and our home website. I give my permission for my daughter to appear in any Girls Inc. of Durham publications.

I give my permission for my daughter to appear in any Girls Incorporated of Durham publications.

I do not give permission for my daughter to appear in any Girls Incorporated of Durham publications

Parent/Guardian Signature: _____

Before Care

Before care is from 8:30am to 9:00am. After care is from 4:00pm to 4:30pm.

Member Rate \$45 **Non Member Rate \$55**

Location:

Pickering Whitby Oshawa

Oshawa (N) Brooklin

(Locations TBD)

Payment Method: Cheque Cash Credit Card

Expiry Date _____ / _____ CVC# _____

Name on Card:

Member Weekly Rate \$140 **Non-Member \$175**

Choose your week(s) below

Week 1: July 06th to 10th

Week 2: July 13th to 17th

Week 3: July 20th to 24th

Week 4: July 27th to July 31st

Week 5: August 04th to 07th

Week 6: August 10th to 14th

Week 7: August 17th to 21st

Week 8: August 24th to 28th (Pickering & Whitby ONLY)

Week 9: August 31st to September 04th (Pickering & Whitby ONLY)

To register use the QR code on the front, call in, email or visit our website.