



The Great Escape Kids Care Drop Off

Application Form – (Ages 5-12 only)

Prebook to ensure time and availability! Available space is allocated on a first-come-first-served basis. To be accepted, each application must be completed, signed and dated by the child's parent or legal guardian, and must include full payment in person.

Participant Information (Please print with pen. One form per child.)

Child's full name: _____ Gender: Male _____ Female _____

Date of birth: Month _____ Day _____ Year _____

BC Care Card Number : _____

Other medical insurance number: _____

Completing grade: in June 2009 : _____

Names of other family members attending Kids Care Drop Off _____

Allergies and medical conditions: _____

Contact information:

Parent/Legal guardian : _____

Home address: _____

City: _____ Postal code: _____

Home Phone #: _____ : Work/Cell : _____

Fax: E-mail: _____

Emergency contact person: _____ Phone #: _____

Contact person's phone : _____

Person(s) authorized to pick up my child other than myself. (max. 2):

1. _____ Phone #: _____

2. _____ Phone #: _____

(Government ID will required if any of the above people are pickup your child)

Program Information (Please check off one circle)

DROP OFF DATE: Month _____ Day _____, 2009 MON/TUES/WED/THU/FRI/SAT/SUN

DROP OFF TIME: Dropped off at _____ (exact time)

Expected pickup time _____ Person picking up _____

Actual pickup time _____

1) REGULAR DROP OFF – available any day/time of the week until closing

COST: # of hours _____ x 10.00 per child = \$ _____

-or- 4 hours for \$30.00 per child..... = \$ _____

TOTAL = \$ _____

(Maximum 4 hours)

****NO FOOD INCLUDED IN THIS PROGRAM AND NO OUTSIDE FOOD ALLOWED. FOOD AVAILABLE FOR PURCHASE****

2) MOVIE NIGHT OUT : -available June/July/August
-available daily between 2pm and closing

- includes two adult movie tickets
- four hour drop off at the Great Escape for one child
- beverage and a choice of hot dog, slice of pizza, or grilled cheese sandwich for the child

COST: Package \$50..... = \$ _____

Additional child x \$20..... = \$ _____

TOTAL = \$ _____

(Maximum 4 hours)

****NO OUTSIDE FOOD ALLOWED****

(Staff: Separate forms must be completed for each child even if they are in the same family)

Payment Information (Prices include taxes)

Payment must be made in person only. We accept cash, debit , Visa, Mastercard and American Express.

Payment made by Cash _____ Debit _____

Credit: Visa _____ MasterCard _____ American Express _____

Credit Card # _____ Expiry date: _____/_____

(Staff: please attach/staple receipt to upper right hand corner of this form.)

Cardholders Name: _____ Phone # _____

Total amount paid - \$ _____ by Staff member _____

The Great Escape, 20645 Langley Bypass, Unit 104, Langley BC V3A 5E8

Tel: 604-530-1400 Email: info@thege.ca Website: www.theGE.ca

Parental /Legal Guardian Consent

Policies: The Great Escape reserves the right to refuse admission or dismiss any participants from the camp.

Registration Date: Anytime subject to availability.

Lunch & Snacks: No outside foods are allowed in the Great Escape. Lunch and snacks will be provided where specified. Cups of water always available.

Safety & Security: each child must wear a special shirt and wrist band at all times while at The Great Escape.

Cancellation: The Great Escape reserves the right to cancel this program with at least one weeks notice. In such cases, all fees for a cancelled program will be refunded.

Refunds:

All refund requests made in advance of the two weeks before the start of camp MUST be submitted in writing and will be subject to a \$25.00 administrative fee per cancellation. Changes to dates will also be subject to a \$25.00 fee.

Late fees: The Great Escape is not responsible for children before or after maximum time. For **every** ten minutes you are late you will be charged an additional \$10.00 per child. **Repeated late pick-up will result in cancelled participation without refund.**

Waiver: I hereby grant participation in this drop off program. I know of no mental or physical problems which may affect my child's ability to participate safely in this program. I consent to emergency medical treatment and I will be responsible for any medical or other charges in connection with his/her treatment or attendance at The Great Escape.

I, the undersigned, am aware that there is a certain risk of injury involved in my child's participation in activity, and by signing this document, I waive and release any and all right and claim for damages of any sort or any other claim or remedy of any sort I may have against The Great Escape, its directors and its staff, in connection with my child's participation in this camp. My child and I agree that any pictures and video taken at the camp can be used in any promotional materials, publications or advertisement.

Privacy Policy: The Great Escape protects your personal information and adheres to all legislative requirements with respect to privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed. If you wish to have your personal information deleted, please contact us at 604 · 530 – 1400.

Note: The policies have been read to the parent/guardian or reviewed by the parent/guardian of the participating child.

Parent/Legal guardian signature: _____ **Date:** _____

Shirt/Pinnie number assigned: _____

Colour of shirt: Red _____ Green _____ Gold _____

(Red shirts are small, Green shirts are medium, Gold shirts are large)