



**Sign Language Summer Program
SLSP - TORONTO - 2017**

50 St. Clair Avenue East, Suite 300
Toronto, ON M4T 1M9



*If you require assistance with this form, please contact the Program Assistant
(416) 463- 1104 ext 202 or slsp@silentvoice.ca

Family Information

Parent 1 / Guardian 1	Parent 2/ Guardian 2
Last Name:	Last Name:
First Name:	First Name:
Home Telephone: <input type="checkbox"/> TTY <input type="checkbox"/> Voice	Home Telephone: <input type="checkbox"/> TTY <input type="checkbox"/> Voice
Business #:	Business #:
Cell/Blackberry #: <input type="checkbox"/> SMS <input type="checkbox"/> Voice	Cell/Blackberry #: <input type="checkbox"/> SMS <input type="checkbox"/> Voice
E-mail:	E-mail:
Occupation:	Occupation:
<input type="checkbox"/> Hearing <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf	<input type="checkbox"/> Hearing <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf

MAILING ADDRESS:

Street: _____

City: _____ Postal Code: _____

Parents are (please circle): Married Separated Divorced Widowed Other

If parents are separated/divorced indicate which parent the camper(s) live with _____

Are there any restrictions on either parent's access/custody? If yes, please provide details:

STATISTICAL INFORMATION: (The following information is confidential and is reported in a group report to our funder. No personal information will be give to anyone outside of the Silent Voice office without permission from you)

Family income per year: Social Assistance Under \$20,000 \$20,000 - \$34,000
 \$35,000 – \$49,000 \$50,000 +

Who is deaf in your family? child parent other _____

Religion: Catholic Muslim Protestant Jewish None Other _____

Emergency Contact(s) *not the parent/guardian: THIS SECTION MUST BE COMPLETED

The contact person will be FULLY RESPONSIBLE for the participant (s) in an emergency situation.

It is expected that the contact person will come to the location where the participant(s) is/are if the parents/guardians are unable to come.

Name: _____ Relationship: _____

Telephone #'s: (Home) _____ Voice TTY (Work) _____ Voice TTY

Name: _____ Relationship: _____

Telephone #'s:(Home) _____ Voice TTY (Work) _____ Voice TTY

Transportation Information (REQUIRED by all):

Please list names of persons (including parents/guardians) who may pick up your child from the site (they **WILL** be asked for identification):

(SLSP is run between the hours of 9:00AM-3:00PM. Late pickups will result in additional charges. Please see **Parent Handbook** for further details. Early drop-offs are not permitted.)



Bussing
(Please skip this section if your child does not require bussing)

***If you use SLSP transportation, your child will attend the site as determined by the bus route ***

Primary Contact Number for Bus Company Use: This is to confirm pick up and drop off time (REQUIRED).

Parent's Name: _____ Phone Number: _____ TTY Voice SMS

Mobile Email: _____

Nearest major Intersections: _____

Name of people who may pick your child up from the bus (they may be asked for identification):

Campers age 12 and older, (with Parent's permission) are allowed to :

- travel to camp independently
- get off of the bus without a parent present.

This requires a parent signature on a separate form. Please contact us at slsp@silentvoice.ca .

***Please Note:** Transportation is not guaranteed. Bus availability will be dependant on your location. Bus routes and availability will change weekly and Silent Voice reserves the right to cancel bus service based on routing or behavioural issues. Priority will be given to Deaf and Hard of Hearing children. There is an extra charge for transportation — please see 'Fee Schedule' for more information. Alternate pick up/drop off locations may be arranged by bus company to accommodate as many campers as possible or if your location falls outside of a route.



Fee Schedule and Registration



Please use the chart below to check (✓) which weeks you are registering your child for camp and which weeks they require bussing. Please ensure payment is made by June 27th, 2016.

	Camper 1	Camper 2	Camper 3
Camp Fees	\$60/week	\$30/week	\$30/week
Transportation	\$60/week	\$60/week	\$60/week
T-Shirt	\$10.00	\$10.00	\$10.00

Camper Name		Week 1 July 4-7	Week 2 July 10-14	Week 3 July 17-21	Week 4 July 24-28	Week 5 August 31-4	Week 6 August 7-11	Week 7 August 14-18	Weeks x Fees	Total
Example: John Doe	SLSP	✓						✓	2 x \$60	\$ 120.00
	Bus	✓						✓	2 x \$60	\$ 120.00
	SLSP								___x\$60	
	Bus								___x\$60	
	SLSP								___x\$30	
	Bus								___x\$60	
	SLSP								___x\$30	
	Bus								___x\$60	
	SLSP								___x\$30	
	Bus								___x\$60	

PAYMENT
<p>OPTION 1: Cheque made payable to Silent Voice or VISA for the full balance owing post-dated for June 26, 2017</p> <p>OPTION 2: Current-dated cheque or VISA for the full amount</p> <p>VISA Card Number: _____</p> <p>Expiration Date: _____</p> <p>Card Holder Name: _____</p> <p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p>

Total Camp Fees*	\$
T-Shirt (\$10.00 each)	\$
Balance Due	\$

****IF THIS AMOUNT IS NOT AFFORDABLE TO YOU, PLEASE CONTACT SLSP@SILENTVOICE.CA FOR SUBSIDY REQUESTS***

PLEASE NOTE: ALL Payments will be required before June 27. However if changes are made after payments have been processed, refunds will be provided after the end of camp.

Registrations made after camp has begun will require payment at the time registration is confirmed.

For Office Use Only—Payment Tracker			
Week 1		Week 5	
Week 2		Week 6	
Week 3		Week 7	
Week 4			



Agreement

By signing this form, we/I understand and agree to the following:

- that I/we have read and understood and accept the terms and conditions set out in the Sign Language Summer Program (SLSP) Parent Handbook, including those related to refunds and cancellations, payment obligations, discounts and changes/transfers.
- that registration for camp will be confirmed by a letter sent to the mailing address on this form.
- my/our child(ren) will participate in all camp activities and in any supervised off-site activities during the registered time between **July 4 & August 18, 2017**.
- during off site activities my/our child(ren) will be traveling by a transportation service contracted by Silent Voice.
- the administration of Silent Voice reserves the right to terminate the registration of any camper when it is deemed to be in the best interest of the child or SLSP. In such an event it is understood that an appropriate refund will be made.
- to make all payments (cheque, VISA) required, to abide by the conditions of enrollment and the refund policy (full refund with a \$15.00 administration fee for weeks canceled after June 27th, 2016; full responsibility to the cheque bearer for all NSF charges).
- to release and indemnify Silent Voice and therefore SLSP from any and all claims for damages arising as a result of any accident or injury sustained by the participant(s) arising from participation in any camp activities.
- I/we authorize Silent Voice's SLSP to administer prescription medication in its original bottle to my child.
- that the Camp officials, in the event of emergency, may use their reasonable discretion on behalf of my/our child(ren), including rendering first aid treatment and/or arranging for emergency medical care, at the expense of the undersigned.
- that my/our child(ren) is authorized to eat/drink all meats, snacks and/or drinks provided by the Camp, unless otherwise indicated in the Camper Medical Form.
- that if the parents or guardians are unable to be contacted, the EMERGENCY contact person will be contacted.
- that all information included in this package is true and complete, to the best of my/our knowledge.
- that if any of these points are unacceptable, a note will be added to this registration form as per the specific request.
- I agree that Silent Voice may not be able to provide space to my hearing child if there is no space available at the program. This will be at the discretion of the Executive Director or Program Director.

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____

Photo/Video Release

I am aware that pictures/video will be taken of my/our child(ren), which will be used in the SLSP camp yearbook, and possibly for promotional or educational purposes at the discretion of Silent Voice Canada. I recognize that my signature below approves pictures/video to be taken of my child(ren).

Mother or Guardian: _____ Date: _____

Father or Guardian: _____ Date: _____

KODA Camp



July 4-7, 2017
July 10-14, 2017

KODA CAMP RETURNS!

This year we will offer 2 weeks of KODA camp at the same time as our regular SLSP camp. KODA camp is specialized for hearing children with Deaf family members. The programs of each camp will be run separately so as to maximize the camper's learning.

KODA camp and SLSP will be held in the same location and will use the same transportation. To register, fill out the SLSP registration forms as usual.

If you have any questions about our KODA Camp, please contact slsp@silentvoice.ca

