



YONGE EGLINTON COMMUNITY CENTRE, 160 Eglinton Avenue East, Toronto, Ontario M4P 3B5  
 Telephone: 416-392-0511 Fax: 416-392-0514  
 E-mail: [info@yongeeglintoncc.com](mailto:info@yongeeglintoncc.com) Internet: [www.yongeeglintoncc.com](http://www.yongeeglintoncc.com)



# CAMP PAL-O-MINE For children ages 4 – 12 years

## June 29, 2026 – September 4, 2026

(No camp on Wednesday, July 1 and Monday, August 3)

### REGISTRATION FORM 2026 (Please complete one form per child)

Child's First Name \_\_\_\_\_ Boy/Girl (circle)  
 Child's Last Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Address & Apt. #: \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Parent/Legal Guardian # 1 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Parent/Legal Guardian # 2 \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 School Attending \_\_\_\_\_ Grade in Sept \_\_\_\_\_

**Emergency Contacts:**

Parent/Legal Guardian # 1   
 Parent/Legal Guardian # 2

Child's Doctor \_\_\_\_\_  
 Phone # \_\_\_\_\_

First Emergency Contact *other than parent/guardian:*  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_

Second Emergency Contact *other than parent/guardian:*  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Phone # \_\_\_\_\_

**CAMP CORE HOURS: 9:00 am to 4:00 pm**  
**Camp fees: Full Week \$250.00 per week, \*\*4-day week \$200.00 per week.**  
 (Includes all activity & admission fees, transportation costs, & healthy afternoon snack)

Extended hours available:  
**Please check**  Morning 8:00 am – 9:00 am **and/or**  Afternoon 4:00 pm – 6:00 pm **Fees:**  
**\$15.00 per week for AM, \$25.00 per week for PM, \$40.00 per week for both AM and PM**

Sessions attending:	Camp Fee	Ext. hrs	FEES	Amt Paid	Rec. # * & Date	Balance Due	Bal. Pd	Rec. # * & Date
Week # - Check <input type="checkbox"/>	Fee	DUE						(Payment of balance due June 22)
	\$15 or \$25 or \$40							
1) <input type="checkbox"/> June 29 – July 3 **	\$200	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
2) <input type="checkbox"/> July 6 – July 10	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
3) <input type="checkbox"/> July 13 – July 17	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
4) <input type="checkbox"/> July 20 – July 24	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
5) <input type="checkbox"/> July 27 – July 31	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
6) <input type="checkbox"/> Aug. 4 – Aug. 7 **	\$200	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
7) <input type="checkbox"/> Aug. 10 – Aug. 14	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
8) <input type="checkbox"/> Aug. 17 – Aug. 21	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
9) <input type="checkbox"/> Aug. 24 – Aug. 28	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____
10) <input type="checkbox"/> Aug. 31 – Sept. 4	\$250	\$ _____	\$ _____	\$ _____	# _____	\$ _____	\$ _____	# _____

**Balance Due: PAYMENT OF BALANCE OF CAMP FEES IS REQUIRED BY MONDAY, JUNE 22, 2026.**  
 Membership Fee: **FREE!** Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Membership # \_\_\_\_\_ Expiry date \_\_\_\_\_  
**\*Please keep ALL these receipts for income tax purposes. No other receipts will be issued.**

Previous camp experience? \_\_\_\_\_  
Information that you would like YECC to know, to help your child have a positive experience at camp: \_\_\_\_\_

Dietary and/or activity restrictions? \_\_\_\_\_  
Child's interests, hobbies, talents? \_\_\_\_\_  
Child's swimming ability/level? \_\_\_\_\_

If siblings or friends are attending the same session of camp, should they be in the same group? \_\_\_\_\_

Special needs or concerns that camp should be aware of (physical needs, behaviour, medical condition(s), speech / language, hearing / visual impairment, etc.): **Please be advised that Camp Pal-O-Mine is not funded to provide one-to-one care.**

**MEDICAL INFORMATION:** Allergies: \_\_\_\_\_

Any medications to be given at camp: \_\_\_\_\_

**Please note:** Depending upon the allergy, an Anaphylaxis Emergency Plan and/or a Medication Administration Record must be completed, if prescription medication is to be administered.

**DROP OFF / PICK UP**

List all persons who will be dropping off and picking up your child. **Your child must be signed in and signed out every day.** Your child will NOT be released to anyone whose name is not listed here:

**My/our child will be dropped off and/or picked up by Parent(s) / Legal Guardian(s) on Page 1 of this form AND:**

\_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_  
*Name and relationship to child      Name and relationship to child      Name and relationship to child*

**To ensure safety, the above named person(s) are the only people that camp staff will release your child to. If this information changes, YECC and camp staff MUST BE NOTIFIED IN WRITING. Photo ID may be required at staff's discretion.**

**Conditions of Enrolment**

- Each registration form must be accompanied by a \$50.00 deposit to be applied to your final week of camp and YECC family camp membership is **free**.
- THE BALANCE OF THE CAMP FEES ARE DUE AND PAYABLE ON MONDAY, JUNE 22, 2026.**
- Please note that your \$50.00 deposit is **non-refundable**.
- Camp fees, **including extended hours fees**, are not a day-by-day fee. Registration fees and extended hours fees are charged per week ONLY. YECC will not refund fees for days missed for any reason. Days missed cannot be made up.
- Yonge Eglinton Community Centre reserves the right to suspend any child from camp if s/he is disruptive to the other children and/or to the camp program.
- Camp fees, less deposit, will be refunded if two weeks' written notice of cancellation is received. Any refunds granted will be subject to a 15% administrative fee.
- Changes to scheduled weeks **MUST** be submitted in writing. A \$10.00 per week administrative fee will be charged.
- After the first day of camp, registrations will only be accepted up to the Thursday of the preceding week. No registrations will be accepted on the first day of any week of camp. If enrolling for additional weeks, payment must be received on or before the Thursday of the preceding week.**
- A late fee of \$1.00 per minute will be charged for ALL LATE PICK UPS.**

**PLEASE READ CAREFULLY:** I/We have read, understand and agree to the above conditions of enrolment and all information in this registration form, and I/we enclose my/our \$50.00 deposit towards the last week of camp fees and YECC family camp membership is **free**. **I/We understand and agree that the deposit of \$50.00 is non-refundable. I/We understand and agree that the balance of camp fees is due and payable on June 22, 2026. I/We understand and agree that if the balance of camp fees is not paid by June 22, 2026, my/our child will not be enrolled in camp.** I/We represent and warrant to YECC that I/we am/are the parent(s)/legal guardian(s) of the above-named minor child and as such am/are fully authorized and entitled to enter into this agreement on his/her behalf. **I/We agree that my/our child may participate in all camp activities, trips and outings, and understand that with any physical activity, there is a risk of injury. I/We give YECC and camp staff the authority to act on my/our behalf in case of emergency. I/We have provided all necessary medical and other information concerning my/our child, and I/we can be reached at the phone numbers listed. In an emergency, I/we authorize Yonge Eglinton Community Centre to secure medical care for my/our child.** I/We am/are [a] member[s] of YECC and consent to the participation of the aforementioned child, and hereby release YECC, its staff, Board of Management, instructors and volunteers from any and all actions, claims, demands for damages, for any loss or injury, howsoever arising, which may hereafter be sustained by the participant as above named in consequence of participation in YECC/Camp Pal-O-Mine program activities.

\_\_\_\_\_  
**PLEASE PRINT - Parent/Legal Guardian NAME**

\_\_\_\_\_  
**PLEASE PRINT - Parent/Legal Guardian NAME**

\_\_\_\_\_  
**SIGNATURE Parent/Legal Guardian      Date**

\_\_\_\_\_  
**SIGNATURE Parent/Legal Guardian      Date**

**Please return this registration form, waiver and payment to: CECC, 160 Eglinton Avenue East, Toronto, ON M4P 3B5**  
*Personal information on this form is collected under the authority of the City of Toronto Act, 1997, and Art XI of CH. 169, of the City of Toronto Municipal Code. The information is used for the purpose of registration, membership, payment, mailings, including newsletters/surveys and aggregate statistical reporting. Questions about this collection can be directed to: The Executive Director, YECC, 160 Eglinton Avenue. E, Ste. 201, Toronto, Ontario M4P 3B5.*