



EDventures

March Break Camp



EDventures Camp

- ★ Enhanced educational activities
- ★ Created and directed by certified teachers
- ★ Morning and afternoon snacks
- ★ Indoor/outdoor play
- ★ Sports and games
- ★ Arts and crafts
- ★ Childcare from 8:00 a.m. - 5:00 p.m.

Dates: March 12-16, 2012
Time: 8:00 a.m. - 5:00 p.m.
Ages: 4-12 year-olds
Where: Newbridge Academy
409 Glendale Drive,
Lower Sackville
Cost: \$25 per day

*Sign-up for one day, two days or all five days! It's up to you!

OPEN TO ALL COMMUNITY MEMBERS!



*Experience
Newbridge
Academy
today!*

Space is limited—Register now!

TO REGISTER: Complete registration form (on back) and email/mail/fax/drop off to:

Newbridge Academy

409 Glendale Drive, Lower Sackville, NS B4C 2T6

Phone: 902.252.3339 Fax: 902.252.3108 Email: erin.gray@newbridgeacademy.ca



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2012 Registration Form

Child's name:		Grade:	
Birth date:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent/guardian name (s):			
Home address:			
Email address:			
Home phone #:		Cell phone #:	
Work phone #:			
Persons authorized to pick up:			
Emergency contact:		Phone #:	
Allergies:			
Medications:			
Health Card #:		Expiry date:	

Please check days for registration:				
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Total # of days: _____ x \$25 = Total payment of \$ _____				
Payment type:	<input type="checkbox"/> Cash (Debit available at the office)	<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit card (3.5% processing fee applies)	
Credit Card #:				
Expiry date:		<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	
Name on card:				
Signature of card holder:				

I, _____ hereby give my child permission to take part in Newbridge Academy Camps and hereby discharge the camp employees from any injuries or mishaps which may arise from the participation of my son or daughter in the camp.

I, _____ hereby give my child permission to be photographed during camp activities by Newbridge Academy Camp staff and hereby understand that such photographs become the property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to our children's program.

I, _____ hereby understand and agree to Newbridge Academy's Refund Policy that any person looking to withdraw from program offered by Newbridge Academy will receive a full refund if withdrawing before March 2, 2012 or with medical documentation. Any withdraw after March 2, 2012 without medical documentation will result in a credit and can be used toward other programs offered by Newbridge Academy.

Signature: _____ Date: _____