



ESQUIMALT
PARKS + RECREATION

Out of School Care

2020/2021 Pro D Day, Early Dismissal and Winter Break Camp Application

Accepted starting

NAME OF CHILD: _____
(GIVEN) (MIDDLE INITIAL) (SURNAME)

Home Phone: _____ Grade in 2020/2021: _____

✓ **Please check off care requested:**

Pro D Day Dates:

- September 28, 2020
- October 23, 2020
- November 20, 2020
- January 18, 2021
- February 12, 2021
- May 21, 2021

Office use only:

Registered

Waitlisted

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Winter Break Camp Dates:

- Monday December 21, 2020
- Tuesday December 22, 2020
- Wednesday December 23, 2020
- Monday December 28, 2020
- Tuesday December 29, 2020
- Wednesday December 30, 2020

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Applications for the above will be accepted and processed in the order of which they are received. Pro D Days and Winter Break Camps will be opened to non-registered OSC participants if space permits

Applications will only be accepted via email to registration@esquimalt.ca

OFFICE USE ONLY

Date Received: _____ Time Received: _____ Staff Initial: _____

The following page must be completed for this registration to be processed.

PRE-AUTHORIZATION DEBIT PLAN AGREEMENT FORM

Select one of the following:

- I would like to pay for all registrations in full with the payment information below
- I would like to schedule the payments for the 1st of the month of which the program date falls with the payment information below

Payment Information:

Credit Card Information:

Name on Credit Card: _____

Credit Card Number: _____

VISA MasterCard AMEX

Expiry Date on card: _____ CVV Number on back of card: _____

Bank Account Information:

Please attach a cheque marked "VOID" or stamped document from your bank with account information.

Please Note: NSF Payments or declined Credit Cards will be charged a \$20 fee. Replacement of the payment will be due immediately by cash, certified cheque or debit/credit card. For additional information regarding delinquent accounts please refer to the Parent Handbook.