



**UNICORN
DAY CARE**

2024 SUMMER CAMP PRE-REGISTRATION

CHILD'S NAME _____

BIRTHDATE _____ / _____ / _____
D M Y

SEX: M ___ F ___

PARENT / GUARDIAN NAME _____ WK. PH# _____

EMAIL: _____ CELL # _____

ADDRESS _____

POSTAL CODE : _____ HOME #: _____

Allergies / Special Diet or Needs: _____

THE WEEK(S) THAT MY CHILD WILL BE ATTENDING UNICORN DAY CARE SUMMER CAMP

Please indicate the category you require: JK/SK School Age

Please indicate the week(s) you wish to attend: **Daycare Hours: 7:30 am until 6:00 pm**
See Brochure for pricing.

- * **Week 1:** July 2 - 5
- Week 2: July 8 - July 12
- Week 3: July 15 - July 19
- Week 4: July 22 - July 26
- Week 5: July 29 - Aug 2
- * **Week 6:** Aug 6 - Aug 9
- Week 7: Aug 12 - Aug 16
- Week 8: Aug 19 - Aug 23

* Closed July 1st Canada Day and August 5th Civic Holiday.

Total number of weeks attending: _____ **Parent/Guardian Signature:** _____

Payment is due in full with your application.
Weeks are non-transferable and there are no refunds.

Please mail in or drop off your application along with your payment to:

UNICORN DAY CARE
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