

**“SIGN OUT!”**  
**SUMMER DAY CAMPS**  
**The Bob Rumball Centre for the Deaf**

July 5-9, 2010  
July 12-16, 2010  
July 19-23, 2010

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**AGES 6 TO 12 YEARS OLD**

**For hearing children who want to learn sign language!**

An exciting Summer Day Camp program (*9<sup>th</sup> year running!*) for hearing children within a Deaf environment to introduce them to the Deaf experience by teaching the basics of American Sign Language and awareness through structured lessons, games, activities, special guests, exercise, music, sign language videos, trips, drama, arts & crafts and free play. Don't miss out on your chance to have your child participate in our unique learning environment!

**“SIGN OUT!” Summer Day Camp Weekly Fee:**  
\$250 (includes morning & afternoon snacks)

**“SIGN OUT!” Summer Day Camp Hours:**  
Drop Off Window: 8:30 AM to 9 AM Pick Up Window: 3:30 PM to 4 PM  
Camp runs from 8:30 AM to 4 PM

**“SIGN OUT!” Summer Day Camp Extended Hours:**  
For an additional weekly fee of \$25, supplementary Supervised care will be available from 4 PM to 5 PM.  
*There will be a late pick-up fee of \$1/minute after 5:00 PM.*

***Spaces are limited.***

**For more information, please contact Lisa at:**  
TEL: 416-449-9651 ext. 137

E-mail: [sls@bobrumball.org](mailto:sls@bobrumball.org) or Fax: 416-449-8881 Attn: Lisa

The Bob Rumball Centre for the Deaf is located in Toronto at 2395 Bayview Avenue, one light south of Post Road and two lights north of Lawrence Avenue.

# **“SIGN OUT!”**

## **SUMMER DAY CAMPS**

### **AGE**

Your child(ren) must be at least 6 years of age and not over 12 years of age by the first day of camp. If you have a child who is 5 or 13 who would like to be a part of our camp, please contact Lisa.

### **PAYMENT METHOD**

We will accept VISA, MasterCard, money order and cheque payment. We will accept cash payments in person at our front office during regular business hours. Full payment must be submitted with the completed registration form. Make cheque or money order payable to **BRCD**. Post-dated cheques will not be accepted. NSF cheques are subject to a \$20 administration fee.

### **CANCELLATION/REFUND POLICY**

Cancellations in writing received prior to June 18<sup>h</sup>, 2010 are subject to a \$50 administration fee. No refund for cancellations after June 18<sup>th</sup>, 2010. No refunds will be given for days that a child is absent from camp and missed days cannot be made up.

### **SPECIAL NEEDS:**

If your child has any special needs, details must be included with your registration form. Please note: We cannot provide one-on-one supervision or specific medical support. You are welcome to send your child to camp with a one-on-one worker.

### **LUNCH**

Parents/caregivers are responsible for providing a brown bag lunch for their child (ren), we do not provide for lunch due to individual allergy and dietary concerns. We will however continue to offer morning and afternoon snacks.

### **HOW TO REGISTER:**

1. Complete one registration per child. Please be sure to mark clearly which weeks you are registering for. Complete both pages and sign the registration form.
2. Include payment along with a recent **photo of child** with full name of child written on back.
3. Attach additional information if necessary.
4. Mail, Fax (credit card only) or drop off completed registration forms along with payment.

*If you have not been contacted within two weeks of sending in the registration form, please contact us.*

**Incomplete registration forms will not be processed.**

**Submission of this form does not guarantee placement in the camp.**

*Due to the uniqueness of this camp, early registration is recommended.*

***Registration deadline: Monday June 21<sup>st</sup>, 2010.***

*Registration will be available after this date should spaces still be available.*

**Visit us at [www.bobrumball.org](http://www.bobrumball.org) to learn more about our Centre.**

### **CONTACT INFORMATION**

**Mail:** The Bob Rumball Centre for the Deaf  
Sign Language Services Attn: Lisa  
2395 Bayview Avenue  
North York, ON M2L 1A2

**Fax:** 416-449-8881 Attn: Lisa

**Phone:** 416-449-9651 ext. 137

**E-mail:** [sls@bobrumball.org](mailto:sls@bobrumball.org)

Web site: [www.bobrumball.org](http://www.bobrumball.org)

**\*\*Don't forget to enclose a recent photo of your child with name on back\*\***

**The Bob Rumball Centre for the Deaf "SIGN OUT!" SUMMER DAY CAMPS  
REGISTRATION FORM PAGE ONE OF TWO.**

**\*\*PLEASE ATTACH PHOTO OF CHILD WITH NAME ON BACK\*\***

Please print clearly. Please photocopy these forms if registering for more than one child.

<input type="checkbox"/> "Sign Out!"	July 5-9, 2010	\$250	<input type="checkbox"/> Extended Hrs July 5-9, 2010	\$25
<input type="checkbox"/> "Sign Out!"	July 12-16, 2010	\$250	<input type="checkbox"/> Extended Hrs July 12-16, 2010	\$25
<input type="checkbox"/> "Sign Out!"	July 19-23, 2010	\$250	<input type="checkbox"/> Extended Hrs July 19-23, 2010	\$25

**CHILD INFORMATION**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_  
 Gender:  FEMALE  MALE Current Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_  
 Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year 19\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Daytime Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt # \_\_\_\_\_  
 City: \_\_\_\_\_, Ontario, Postal Code: \_\_\_\_\_

**SECOND PARENT/GUARDIAN INFORMATION**

Parent/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Daytime Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Payment:**

- Cheque  Cash  Money Order  VISA  MASTERCARD
- "SIGN OUT!" July 5-9 '10 = \$250  July 5-9 '10 EXTENDED HOURS = \$25  
 "SIGN OUT!" July 12-16 '10 = \$250  July 12-16 '10 EXTENDED HOURS = \$25  
 "SIGN OUT!" July 19-23 '10 = \$250  July 19-23 '10 EXTENDED HOURS = \$25

**TOTAL: \$** \_\_\_\_\_ Please make Cheque/Money Order payable to: **BRCD**

**PAYMENT BY VISA/MASTERCARD**

Credit Card Number: | | | | | - | | | | | - | | | | | - | | | | |

Expiry Date: | | | - | | |  
 Month Year

Amount: \$ \_\_\_\_\_ .00

Print Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you hear about our SIGN OUT Day Camp? (For newspaper ads, please include copy.)**

- TV  Radio  Newspaper Name of media source: \_\_\_\_\_  
 Library  Word of Mouth  Sign outside BRCD  Internet  Called BRCD  Bookmark  Community Posting  
 Other please explain: \_\_\_\_\_

**FOR OFFICE USE ONLY**

"SIGN OUT!" CAMP Fee \$ \_\_\_\_\_  Cash  Cheque  Money Order  VISA  MASTERCARD Payment Received \_\_\_\_\_ / \_\_\_\_\_ / 20  
 D M Y

Receipt Number: 20 \_\_\_\_\_

"SIGN OUT!" Extended Fee \$ \_\_\_\_\_  Cash  Cheque  Money Order  VISA  MASTERCARD Payment Received \_\_\_\_\_ / \_\_\_\_\_ / 20  
 D M Y

Extended Hours Receipt Number: 20 \_\_\_\_\_

