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Week 1. July 1 – July 4 "PERFORMING ARTS WEEK"

(Please see the attached activity calendar)

C	Choose location:					
Ly	Lynn Valley					
т	ime slot: 8:30 am	– 4:30 pm				
Г		T				
ļ	Monday	Tuesday	Wednesday	Thursday	Friday	
		July 1 CLOSED	July 2	July 3	July 4	
Ch	ild's name		Registered a	at NSNH location:	N/A	
	-	Grac	•			
Na	ime of Parent (s)/Gu	ıardian (s)			_	
Ac	ldress					
Cit	<u> </u>		Allergies/I	Medical Condition: Y	'es No	
Te	lephone and Cell		Specify:			
Αŀ	ternate Emergency	y Contacts				
Na	ime	Tel. #	Medical	Plan No		
Na	ime	Tel.#	Family D	octor		
	YMENT:		•			
Pa	yment information	will be emailed to y	ou with your registr	ration confirmation	if your registration	
is	confirmed. <u>Cancell</u>	ation Policy: Cancell	ations for the July S	Summer Camp date	s are accepted	
<u>un</u>	i <mark>til June 9</mark> , and can	cellations for the Aug	gust Summer Camp	dates are accepted	d until July 2.	
NO	O REFUNDS and NO	O CHANGES after the	se dates.			
l ha	ave read and under	stand the above con	ditions.			
Sig	nature:		Date:			



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Week 2. July 7 – July 11 "SPLASH WEEK"

(Please see the attached activity calendar)

	ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM					
Choose location:	Choose location:					
Lynn Valley	Westview C	Queen Mary				
Time slot: 8:30 am – 4:30 pm						
Monday	Tuesday	Wednesday	Thursday	Friday		
July 7	July 8	July 9	July 10	July 11		
Child's name		Registered a	it NSNH location:	N/A		
Birth Date	Grac	de as of Jun 30th, 202	25:			
Name of Parent (s)/Gu	ıardian (s)					
Address						
City		Allergies/N	Medical Condition: Y	es No		
Telephone and Cell		Specify:				
Alternate Emergency	/Contacts					
Name	Tel.#	Medical	Plan No			
Name	Tel.#	Family D	octor			
PAYMENT: Payment information will be emailed to you with your registration confirmation if your registration is confirmed. Cancellation Policy: Cancellations for the July Summer Camp dates are accepted until June 9, and cancellations for the August Summer Camp dates are accepted until July 2. NO REFUNDS and NO CHANGES after these dates.						
I have read and unde	rstand the above cor	nditions.				
Signature:		Date:				



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Week 3. July 14 – July 18 "SENSORY MADNESS WEEK"

(Please see the attached activity calendar)

	ALE CHIEDREN MOST ARRIVE BEFORE 5.30 AN					
Choose location:						
Lynn Valley Westview Queen Mary						
Time slot: 8:30 am –	Time slot: 8:30 am – 4:30 pm					
Monday	Tuesday	Wednesday	Thursday	Friday		
July 14	July 15	July 16	July 17	July 18		
Child's name		Registered a	t NSNH location:	N/A		
Birth Date	Grad	de as of Jun 30th, 202	25:			
Name of Parent(s)/Gu	ardian (s)					
Address						
City		Allergies/f	Medical Condition: Y	'es No		
Telephone and Cell		Specify:				
Alternate Emergency	/Contacts					
Name	Tel.#	Medical	Plan No			
Name	Tel.#	Family D	octor			
PAYMENT:						
Payment information	will be emailed to y	ou with your registr	ation confirmation	if your registration		
is confirmed. $\underline{\text{Cancell}}$		-	•	•		
until June 9, and cand NO REFUNDS and NO		•	dates are accepted	d until July 2.		
I have read and unde	rstand the above cor	nditions.				
ave read and ande	Totalia the above to	Tallotto.				
Signature:		Date:				



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Week 4. July 21 – July 25 "HOW IT'S MADE WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM						
Choose location:	Choose location:					
Lynn Valley	Lynn Valley Westview Queen Mary					
Time slot: 8:30 am – 4:30 pm						
Monday	Tuesday	Wednesday	Thursday	Friday		
July 21	July 22	July 23	July 24	July 25		
Child's name		Registered a	t NSNHlocation:	N/A		
Birth Date	Grac	de as of Jun 30th, 202	25:			
Name of Parent(s)/Gu	ardian (s)					
Address			_			
City		Allergies/N	Medical Condition: Y	'es No		
Telephone and Cell		Specify:				
Alternate Emergency	Contacts					
Name	Tel.#	Medical	Plan No			
Name	Tel.#	Family D	octor			
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I have read and unde	rstand the above cor	nditions.				
Signature:		Date:				



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Week 5. July 28 – August 1 "THEME WEEK"

(Please see the attached activity calendar)

	ALLCHILDREIT	NOST ARRIVEBLEO	ILD.SOAIVI		
Choose location:					
Lynn Valley Westview Queen Mary					
Time slot: 8:30 am – 4:30 pm					
Monday	Tuesday	Wednesday	Thursday	Friday	
July 28	July 29	July 30	July 31	August 1	
Child's name		Registered a	t NSNHlocation:	N/A	
Birth Date	Grad	de as of Jun 30th, 202	25:		
Name of Parent(s)/Gu	ardian (s)				
Address			_		
City		Allergies/N	Лedical Condition: Y	es No	
Telephone and Cell		Specify:			
Alternate Emergency	Contacts				
Name	Tel.#	Medical	Plan No		
Name	Tel.#	Family D	octor		
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Signature:	Signature: Date:				



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Week 6. August 4 – August 8 "CHALLENGE WEEK"

(Please see the attached activity calendar)

ALL CHILDREN MUST ARRIVE BEFORE 9:30 AM					
Choose location:					
Lynn Valley Westview Queen Mary					
Time slot: 8:30 am -	- 4:30 pm				
Monday	Tuesday	Wednesday	Thursday	Friday	
August 4	August 5	August 6	August 7	August 8	
CLOSED					
Child's name		Registered a	t NSNHlocation:	N/A	
Birth Date	Grad	de as of Jun 30th, 202	25:		
Name of Parent(s)/Gu	ardian (s)			_	
Address					
City		Allergies/N	Medical Condition: Y	es No	
Telephone and Cell		Specify:			
Alternate Emergency	Contacts				
Name	Tel.#	Medical	Plan No		
Name	Tel.#	Family D	octor		
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I have read and under	rstand the above cor	nditions.			
Signature: Date:					



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Week 7. August 11 – August 15 "TIE DYEWEEK"

(Please see the attached activity calendar)

ALL CHILDREN WOST ARRIVE BEFORE 9.30 AN						
Choose location:						
Lynn Valley \ \ \	Vestview	Queen Mary				
Time slot: 8:30 am –	Time slot: 8:30 am – 4:30 pm					
Monday	Tuesday	Wednesday	Thursday	Friday		
August 11	August 12	August 13	August 14	August 15		
Child's name		Registered a	t NSNH location:	N/A		
Birth Date	Grad	de as of Jun 30th, 202	25:			
Name of Parent(s)/Gu						
Address						
City		Allergies/N	Medical Condition: Y	'es No		
Telephone and Cell		Specify:				
Alternate Emergency	Contacts					
Name	Tel.#	Medical	Plan No			
Name						
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Signature:		Date:				



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Week 8. August 18 – August 22 "ROLLER SPORTSWEEK"

(Please see the attached activity calendar)

Choose location:						
Lynn Valley						
Tin	Time slot: 8:30 am – 4:30 pm					
	Monday	Tuesday	Wednesday	Thursday	Friday	
Ī	August 18	August 19	August 20	August 21	August 22	
Ch	ild's name		Registered a	t NSNHlocation:	N/A	
Bir	th Date	Grad	de as of Jun 30th, 202	25:		
Na	me of Parent(s)/Gu	ıardian (s)				
Ac	ldress					
Cit	У		Allergies/N	Medical Condition: \	'es No	
Te	lephone and Cell		Specify:			
Αl	ternate Emergency	/ Contacts				
Na	me	Tel.#	Medical	Plan No		
Na	me	Tel.#	Family D	octor		
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<mark>I h</mark>	ave read and unde	rstand the above cor	nditions.			
Sic	mature:		Date:			



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Week 9. August 25 – August 28 "NATURE WEEK"

(Please see the attached activity calendar)

	ALL CHILDREN	I MOST ARRIVE BEL	UKE 9:3UAIVI		
Choose location:	Choose location:				
Lynn Valley Westview Queen Mary					
Time slot: 8:30 am – 4:30 pm					
Monday	Tuesday	Wednesday	Thursday	Friday	
August 25	August 26	August 27	August 28	August 29 CLOSED	
Child's name		Registered a	t NSNH location:	N/A	
Birth Date	Grad	de as of Jun 30th, 202	5:		
Name of Parent(s)/Gu	ardian (s)			_	
Address					
City		Allergies/I	Medical Condition: Y	es No	
Telephone and Cell		Specify:			
Alternate Emergency	Contacts				
Name	Tel. #	Medical	Plan No		
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I have read and under	rstand the above cor	nditions.			
Signature:		Date:			