

SNS Summer Camps 2026

Teacher Mitzi and Teacher Kernisse are excited to lead our summer camps this year!

Camps will be held primarily outside at the Strathcona Community League with access to the classroom for bathrooms and in the event of bad weather.

Camps are for children aged 2.5 years old through 6 years old (cannot have attended grade 1 yet) and must be potty trained. Camps are not parented, and children must be independent and able to remain at the camp with the teachers without a parent present.

Please enroll early to reserve your spot!

Check off the camp(s) you would like to register for:

- July 27-30 Nature Camp: Being in Mother Nature's Garden (fee \$149)
- August 10-13 Sensory Camp: Embrace the Mess (fee \$149)
- August 17-20 Crafting Camp: A Stitch in Time (fee \$149)

- Dress for the weather! Every camp has an outdoor component.
- Sunscreen and bug repellent need to be applied by parent/guardians prior to drop off.
- Children will need a full water bottle, snack and complete change of clothes..
- Clearly label your child's belongings with their name to ensure they return with your child.
- Weather permitting, the last day of each camp will be spray park day. Children will need to wear their swimsuits under their clothes that day and bring a towel.

Withdrawal Policy

Notice 30 days prior to the start date of the camp must be given to withdraw with a full refund. Withdrawals within less than 30 days of the camp start date will not be given a refund. No refunds will be given for last-minute absences due to sickness, etc.

To Register

On Page 1, check off the camp(s) you would like to register for and fill in the Parent Authorization form on Page 2.

If you are a current family and we are already withdrawing fees from your desired bank account, you may skip the Pre-Authorized Debit Agreement on Page 3.

If you are a new family to SNS, please fill in page 3.

Please email completed forms to registrar@strathconanurseryschool.com

Registrations will be processed first come, first served.

Parent Authorization
PLEASE COMPLETE AND RETURN THIS FORM

Child's Full Name:

Leave and medical consent²²

- I, _____ hereby give my consent for my child(ren) to leave the Strathcona Nursery School ("SNS") classroom premises on outings under the supervision of the SNS staff, within the Strathcona Community League building, as well as the playground and grounds of both Strathcona Community League and adjacent King Edward School. The outdoor adventure camp will include a walk to and time at Queen Elizabeth Park.

-In case of an accident, I give consent for any emergency medical treatment as deemed necessary by the SNS staff. Additionally, I understand if an ambulance is required, I bear responsibility for the ambulance fees.

Date:

Signature of parent/guardian:

Photo Consent

-I, _____ hereby give my consent for photos of my child(ren), , to be used for the following purposes (please check below):

- Internal Purposes (ex: SNS newsletter)
- External Purposes (ex: Social Media)
- DO NOT give my consent for any photos of my child(ren) to be used

Date:

Signature of parent/guardian:

Privacy Policy

-The information you supply in Online Registration and this package will be made available to the teachers and to all the board members. For questions regarding the use of your information, contact info@strathconanurseryschool.com.

-We produce a class list and a contact list of all the families within the cooperative. We do this so that you can exchange parent helper amongst yourselves, and so that you can arrange playdates with your child(ren)'s classmates. Please note the contact list includes child & parent names and email addresses only. We also maintain an Alumni email list of past SNS families.

Date:

Signature of parent/guardian:

Policy Agreement

I have read, understand, and agree to abide by all the policies and instructions as written in the Strathcona Nursery School Parents' Handbook. A copy of the handbook can be obtained here, or at www.strathconanurseryschool.com

Date:

Signature of parent/guardian:

Pre-Authorized Debit Agreement
PLEASE COMPLETE AND RETURN THIS FORM

Child's Full Name:

EFT Canada has been contracted by Strathcona Nursery School. I hereby authorize EFT Canada the debiting of my account by method of Electronic Funds Transfer for the amounts and on the dates as listed.

EFT Canada may appear in your banking information as the debtor of the PAD. I/We confirm that I/We have authority under the terms of my/our account agreement to authorize this debit.

- It is the responsibility of the participant to notify Strathcona Nursery School of any changes to bank account or credit card information at least two weeks in advance of the next scheduled payment.
- Monthly withdrawals will appear as Strathcona Nursery School on bank statements.

I (we) have read and understood the terms and conditions of the Pre-Authorized Debit Agreement and authorize my/our financial institution to debit my/our account for the monthly payment payable to Strathcona Nursery School. I may revoke this authorization at any time, subject to providing 30 days written notice.

Date:

Signature of parent/guardian:

Banking Information Please complete the following OR attach a void cheque

Bank Institution #

Bank Transit #

Account # (All numbers must be provided)

Name of Bank:

Bank Address:

The participant has certain recourse rights if any debits do not comply with this agreement. For example, the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on recourse rights, contact your financial institution or visit www.payments.ca