

Shining Spirits Summer Day Camp

Registration Form

2019

Child Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth (DD/MM/YYYY): ____/____/____ Health Card #: _____

***** Child must be between 6-12 years of age *****

Parent/Guardian Information

Name of Parent/Guardian: _____

Home #: _____ Work #: _____ Ext: _____ Cell #: _____

Email Address: _____

Name of Parent/Guardian: _____

Home #: _____ Work #: _____ Ext: _____ Cell #: _____

Email Address: _____

Emergency Information

Name of Emergency Contact #1: _____ Relationship: _____

Home #: _____ Work #: _____ Ext: _____ Cell #: _____

Name of Emergency Contact #2: _____ Relationship: _____

Home #: _____ Work #: _____ Ext: _____ Cell #: _____

Medical Information

Name of Doctor: _____ Office #: _____

Address: _____ Fax #: _____

- | | |
|-------------------------------|----------------|
| ● Physical Challenges | () Yes () No |
| ● Social/Emotional Conditions | () Yes () No |
| ● Allergies | () Yes () No |
| ● Medications | () Yes () No |
| ● Injuries | () Yes () No |

If you answered "Yes" to any of the above categories, please explain in detail below:

Permission Form

To complete the enrolment of your child, please complete the information requested below.

1. I, _____, give my child, _____, permission to attend ***Shining Spirits Summer Day Camp*** for the week(s) checked off below:

<i>Week 1: July 2nd, 2019 – July 5th, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Week 2: July 8th, 2019 – July 12th, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Week 3: July 29th, 2019 – August 2nd, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Week 4: August 6th, 2019 – August 9th, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Week 5: August 12th, 2019 – August 16th, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Week 6: August 19th, 2019 – August 23rd, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Week 7: August 26th, 2019 – August 30th, 2019</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

***** REMINDER THE CENTRE WILL BE CLOSED ON THE FOLLOWING DATES: *****

Monday, July 15th through to Friday, July 26th, 2019 – SUMMER BREAK

Monday, August 5th, 2019 – CIVIC HOLIDAY

2. Parents are required to select weeks for child's attendance all at once at the time of registration and all payments must be made in full at the time of registration for all weeks selected. The weekly fee is \$250.00, which includes all expenses apart from snacks. If your child is new to the Centre, a registration fee of \$50.00 is necessary for enrolment. All payments are **non-refundable**.

I, _____, confirm my child, _____, is registered for a total of _____ weeks at ***Shining Spirits Summer Day Camp*** concluding a total payment of \$_____ at the rates mentioned above.

***** PLEASE NOTE LUNCHES ARE NOT PROVIDED *****

There will be no lunch program this year so please send your child to camp with healthy nut-free lunches and a water bottle each day.

3. I, _____, give my child, _____, permission to attend the field trips for the week(s) that he/she is enrolled at ***Shining Spirits Summer Day Camp***.

***** PLEASE NOTE ***** If you **do not wish** to permit your child's attendance for camp trips, please **do not assume** that your child will be able to stay at the Daycare for that day. Camp is run separately from the Daycare. Your child will be required to remain at home; please be advised it is the parent's responsibility to arrange alternate care for the days we are out on excursions.

4. In the case of an emergency, I consent to the administration of any medical treatment at the administration of anesthetic and/or the performance of any operation deemed immediately necessary by an attending physician, for the period that my child is registered at Shining Spirits Summer Day Camp. This treatment is recognized to be deemed necessary by any qualified medical practitioner for the health and welfare of my child names above.

_____ (Signature of Parent) _____ (Signature of Director)

A Message on Behaviour

Dear Parents/Guardians,

Please be advised that at ***Shining Spirits Summer Day Camp***, children who misbehave at Camp will receive three warnings:

1. The first warning will be verbal, the child will be warned about their behaviour and that if they continue to misbehave, they will lose the privilege of joining the group on field trips or at special guest events.
2. The second warning will be a written warning to you, the parent/guardian, stating your child's behaviour and that they will not be participating in the field trips or special guest events for the current and following week.
3. The third warning will result in a dismissal from the Summer Camp.

Please sign below to confirm that you have read, understood, and are in full agreement with the above policy.

I, _____, parent/guardian of _____, have read the above notice and acknowledge that should my child's behaviour at ***Shining Spirits Summer Day Camp*** be deemed inappropriate or unacceptable, I will be provided with the implementation of the above policy. The first warning will be a verbal warning, the second will be a written warning, and the third and final warning will be a dismissal from the program altogether.

_____ (Signature of Parent) _____ (Date)

_____ (Signature of Director) _____ (Date)

As space is limited, only complete applications, accompanied by payment in full, will be accepted on a first come, first served basis. Should you have any further questions or concerns, please contact Sr. Elsie at (905) 303-1000. Thank you for choosing ***Shining Spirits Summer Day Camp!***

