

Summer Camp 2017 – Registration Form

(PLEASE PRINT ALL INFORMATION)

CHILD:

Last Name: _____ First Name: _____

Age: _____ Date of Birth: day/month/year Address: _____

Apt. _____ City: _____ Postal Code: _____

CHILD'S GUARDIAN(S):

Full Name: _____ Phone #: _____

Email: _____ Cell phone #: _____

Full Name: _____ Phone #: _____

Email: _____ Cell phone #: _____

NAME TO BE PUT ON TAX RECEIPT: _____

SOCIAL INSURANCE NUMBER: _____

Check this box if you **do not** wish to receive a 2017 Childcare Tax Receipt:

PEOPLE AUTHORIZED TO PICK UP CAMPER:

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

WHO TO CONTACT IN CASE OF EMERGENCY: (different than parents)

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

Name: _____ Daytime Phone #: _____

TRAVEL RELEASE:

1. I understand that my child will be traveling by STM(bus/metro), rented bus, and by foot to and from Centre Greene Summer Day Camp's planned activities. Travel fares are supplied to all campers by Centre Greene Summer Day Camp.

2. I authorize Centre Greene Summer Day Camp to include my child in its planned outing and excursions. I understand that my child will travel with his/her fellow campers under the supervision of the camp counselors.

By signing this document, I hereby declare that I have read and understood the above travel release.

Signature: _____ Date: _____

MEDICAL INFORMATION: CONFIDENTIAL

(PLEASE PRINT ALL INFORMATION)

Child's Last Name: _____ Child's First Name: _____

MEDICARE CARD NUMBER: _____ EXP. DATE: _____

Child's Doctor: _____ Doctor's Phone #: _____

Preferred Hospital: _____

HAS YOUR CHILD EVER EXPERIENCED ANY OF THE FOLLOWING?

- | | |
|--|---|
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Problems with eyesight | <input type="checkbox"/> Problems with hearing |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other: (please specify) _____ |

ALLERGIES: (food, medicine, other) _____

IS YOUR CHILD TAKING ANY MEDICATION(S)? (Please provide name(s) and dosage)

Does your child have any behavioral difficulties? _____

Any additional information:

I AUTHORIZE CENTRE GREENE SUMMER DAY CAMP STAFF TO TAKE NECESSARY ACTION IN RELATION TO THE HEALTH OF MY CHILD IN THE CASE OF AN EMERGENCY.

Signature: _____ Date: _____

Please indicate: Mother Father Other (specify) _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS?

No

Yes (please specify): _____

Does your child require any specialized care? (I.E.: A Shadow in a regular classroom or attending a specialized school) Yes No

It is Centre Greene Summer Day Camp's policy that all children presenting with special needs must be accompanied by a Shadow at all times. This Shadow must be present for all hours that the child is attending Summer Camp. Parents/Guardians are responsible for providing a Shadow for their child at their own expense. Shadows must be at least 18 years old.

Please provide any additional information about your child's special needs in this space:

Please complete this section of the form in detail to help us provide your camper with the best summer care possible! 😊

I understand that it is my responsibility to provide a Shadow for my child.

Signature: _____ Date: _____

SWIMMING INFO:

Can your child swim? Yes No

Has your child taken swimming lessons? No Yes Level: _____

Any additional information concerning swimming: _____

Please be advised that all campers will be swim tested by the lifeguards at Westmount Pool before being allowed to swim.

CAMP FEES/INFO:

A non-refundable **\$50.00/child** registration fee is due upon submission of the registration package (cash or cheque only). This fee will be deducted from your child's first week of camp attendance. In case of cancellations; be advised this fee is **non-refundable**. Until this fee is paid, your camper's space will not be guaranteed. Please note that the registration process is incomplete without the submission of both the deposit and the registration package.

Weeks 1 to 8 (5 days a week)

Full-Time \$165.00/child (The price of camp includes all daily activities, weekly outing(s)/excursion(s), and travel fares.)

Payment **MUST** be made at the beginning (Monday) of each week. Payments may be made in cash, cheques or post-dated cheques. If payments are not received, Centre Greene reserves the right to refuse a child's attendance until the outstanding balance is paid in full. We understand that it is not always possible to pay on a weekly basis, therefore we accept post-dated cheques. If you need to make payment arrangements, please speak to Centre Greene's Executive Director, Beth Symansky.

Weekly Registration:

Please indicate the weeks that your child will be attending camp:

- Week 1:** June 26th to June 30th
- Week 2:** July 3rd to July 7th
- Week 3:** July 10th to July 14th
- Week 4:** July 17th to July 21st
- Week 5:** July 24th to July 28th
- Week 6:** July 31st to August 4th
- Week 7:** August 7th to August 11th
- Week 8:** August 14th to August 18th

Please **only register for weeks your child will be present.** This allows us to offer spaces to children who will attend. It also allows us to offer camp at a lower cost by filling up all weeks.

EXTENDED DAY SERVICE:

Summer Camp hours are from 8:00am to 4:00pm. Evening Extended Daycare service is available to campers at \$20.00/week per child or \$5.00/day per child.

Extended hours are from 4:00pm to 6:00pm.

My child(ren) will require Extended Daycare: Yes No

Please indicate when your child will be attending Extended Daycare below:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
4:00-6:00PM					

Note that the daily extended fee will be applied to the weekly camp fees of any parent/guardian who collect their child after 4:00pm.

PHOTO CONSENT:

I give Centre Greene permission to display photos containing my child within the Centre.

Please indicate: Yes No

Signature: _____ Date: _____

Photos may be used for internet, media or publication.

DISCLAIMER:

Centre Greene Summer Day Camp reserves the right to terminate the enrolment of any child whose behaviour puts themselves, other campers, and Centre Greene Summer Day Camp Staff in danger. Centre Greene has a zero tolerance policy for bullying and/or acts of aggression.

By signing this document, I hereby declare that I have read and understood these conditions.

Signature: _____ Date: _____