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**TODAY’S FAMILY 2018 HAMILTON MARCH CAMP REGISTRATION**

Please send completed registration form to: [childcare@todaysfamily.ca](mailto:childcare@todaysfamily.ca) or fax to 905 574 2684

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| **CAMPER’S INFORMATION** | | | | | | | | | | |
| **Please print. If information is not applicable, please indicate “Not Applicable” or “N/A”.** (one form per child) | | | | | | | | | | |
| Child’s First Name: Click here to enter text. | | | | | | Child’s Last Name: Click here to enter text. | | | | |
| Child’s Birth Date: (Month/Day/Year) Click here to enter text. | | | | | | | | | | |
| Home Phone Number:  Click here to enter text. | | Address: Click here to enter text. | | | | | City and Province:  Click here to enter text. | | | Postal Code:  Click here to enter text. |
| **CAMPER’S HEALTH INFORMATION** | | | | | | | | | | |
| Family Physician’s Name:  Click here to enter text. | Family Physicians Address:  Click here to enter text. | | | | | City and Province:  Click here to enter text. | | Postal Code:  Click here to enter text. | Family Physician’s Phone:  Click here to enter text. | |
| Has child been immunized?  Yes  No | | | | | | | | | | |
| **Please indicate if child has experienced any of the following:** | | | **YES** | **NO** | **Details** | | | | | |
| Seizures | | |  |  |  | | | | | |
| Vision/Hearing difficulties | | |  |  |  | | | | | |
| Mobility difficulties | | |  |  |  | | | | | |
| Asthma | | |  |  | Inhaler:  Yes  No  Inhaler to be kept in:  Today’s Family waist pouch  My child’s waist pouch (7 years and older) | | | | | |
| Allergies: | | |  |  | Epi Pen:  Yes  No  Epi pen to be kept in:  Today’s Family waist pouch  My child’s waist pouch (7 years and older) | | | | | |
| Peanuts | | |  |  |
| Bee stings | | |  |  |
| Hay fever | | |  |  |
| Medication | | |  |  |
| Food | | |  |  |
| Latex | | |  |  |
| Other (please specify) | | |  |  |
| Diabetes | | |  |  |  | | | | | |
| Dietary restrictions | | |  |  | Please provide details: | | | | | |
| Any previous major illness or operations? | | |  |  | Please provide details: | | | | | |
| Any additional information that would be helpful to staff when working with child to ensure a successful experience? | | |  | | | | | | | |

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| swimming information | | | |
| Swimming Level: | Shallow End  Deep End | Swimming Requirements: | Life Jacket (to be supplied by parents)  Ear Plugs (to be supplied by parents) |
| Any additional swimming information? | | | |

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| **PARENT/GUARDIAN INFORMATION** | | | | | |
| **Please print. If information is not applicable, please indicate “Not Applicable” or “N/A”.** | | | | | |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | | Address, including City and Postal Code:  Click here to enter text. | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Email Address:  Click here to enter text. |
| Please email my invoice | | | | | |
| Employer:  Click here to enter text. | Employer Address, including City and Postal Code:  Click here to enter text. | | | | Employer Phone Number:  Click here to enter text. |
| **Parent / Guardian** | | | | | |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | Address, including City and Postal Code:  Click here to enter text. | | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Email Address:  Click here to enter text. |
| Employer:  Click here to enter text. | Employer Address, including City and Postal Code:  Click here to enter text. | | | | Employer Phone Number:  Click here to enter text. |
| **EMERGENCY INFORMATION**  Please fill out the names of two adults (local) who we can contact in the event of an emergency and the parents/guardians are not available. | | | | | |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | | Address, including City and Postal Code:  Click here to enter text. | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Relationship to child:  Click here to enter text. |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | | Address, including City and Postal Code:  Click here to enter text. | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Relationship to child:  Click here to enter text. |
| **My child may be released to:** | | | | | |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | | Address, including City and Postal Code:  Click here to enter text. | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Relationship to child:  Click here to enter text. |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | | Address, including City and Postal Code:  Click here to enter text. | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Relationship to child:  Click here to enter text. |
| First Name:  Click here to enter text. | Last Name:  Click here to enter text. | | | Address, including City and Postal Code:  Click here to enter text. | |
| Home Phone Number:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work Phone Number:  Click here to enter text. | | | Relationship to child:  Click here to enter text. |

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| **Today’s Family Informed Consent** | | | | |
| **This form must be read and signed by a parent/guardian of any child or Leader In Training (LIT) participating in the Today’s Family Camp trips by school bus and community outings. Community outings include neighbourhood walks, taking public transportation and visiting community parks, recreational centres and local swimming pools**.  **Elements of Risk:** These trips and community outings involve certain elements of risk.  Injuries may occur while participating in these activities. The following list includes, but is not limited to, examples of the types of injury which may result from participating in this activity:  • Death  • Broken / sprained limbs  • Cuts and abrasions  The risk of sustaining these types of injuries results from the nature of the activity and can occur without any fault of either the child, Today’s Family employees/agents or the facility where the activity is taking place. By choosing to take part in this activity, you are accepting the risk that you/your child may be injured.  The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in the activity.  If you choose to participate in these trips and community outings you must understand that you bear the responsibility for any injury that might occur.  **ACKNOWLEDGEMENT:**  **I/we have read the above.**  **I/we understand that in participating in the trips and community outings described above, I/we are assuming the risks associated with doing so.** | | | | | |
| Signature of Parent/Guardian: | Click here to enter text. | | Date: | Click here to enter text. | |
| **Today’s Family Code of Conduct** | | | | |
| Child and Youth Behavioural Expectations  All children or youth attending Today’s Family Camp Programs are expected to:   * Act in a safe and respectful manner towards themselves and others, involving punctuality and preparation for daily activities. * Respect all equipment and material that are encountered throughout the day. * Must recognize a personal responsibility to learn and follow rules established by Today’s Family and will seek assistance if needed. * Will be open to trying new experiences and actively participate.   When a child or youth fails to adhere to the behavioural expectations, the following steps will be taken.   1. Staff reminds and directs the child or youth to follow the behavioural expectation and discussion will take place. In addition, documentation will be written noting the behaviour and actions taken. Staff will discuss behaviour with parents/guardians and give them a copy of documentation (ie. Incident Report). 2. If behavioural expectations are continuously not met the Program Supervisor will notify the Associate Director to discuss situation. Program Supervisor and/or Associate Director will discuss with parents and come up with an action plan. 3. If behavioural expectations continue to not be met after an action plan is implemented, Today’s Family reserves the right to discharge the child from the program. Discharge will only be considered in extreme circumstances.   I understand the behavioural expectations and actions that could lead to discharge of the child. | | | | | |
| Signature of Parent/Guardian: | Click here to enter text. | | Date: | Click here to enter text. | |
| Program Supervisor’s Name: | Click here to enter text. | Program Supervisor’s Signature: | | Click here to enter text. | |

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| **Other Information** | | | |
| Community Outings:  I am aware that the children go on outings such as nature walks. I give my permission for my children to attend these outings under the supervision of the Today’s Family Early Learning and Child Care Staff. I understand that permission slips will be given for trips outside of the immediate area for my signature. | | | |
| Signature of Parent/Guardian: | Click here to enter text. | Date: | Click here to enter text. |
| I have read the Parent Handbook and I agree to abide by the policies and procedures in this handbook, which can be found at www.todaysfamily.ca/locations. | | | |
| Signature of Parent/Guardian: | Click here to enter text. | Date: | Click here to enter text. |
| I have read the Agency Program Statement contained in the Parent Handbook prior to my child’s care starting. | | | |
| Signature of Parent/Guardian: | Click here to enter text. | Date: | Click here to enter text. | |
| Permission to take Photographs and/or Video  Yes  No | | | | |
| Signature of Parent/Guardian: | Click here to enter text. | Date: | Click here to enter text. |
| **Today’s family lunch bag policy** | | | |
| All children are required to bring a nutritious, nut-free bagged lunch daily to camp. Please put your child’s name on the lunch bag and, ideally, include an ice pack.  We also ask that each child bring a water bottle to camp each day. The water bottle should have your child’s name printed on it.  Thank you! | | | |
| Signature of Parent/Guardian: | Click here to enter text. | Date: | Click here to enter text. |

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| March 12 – 16, 2018Please check (🗸) which location and age group your child will be attending **\*\*Please note that spaces are limited, first come first served\*\*** | | | | | | |
| Location | | | | Kinder Camp  (4 – 6 years) | Adventure Camp  (7 -12 years) | |
| Dundas  Knox Presbyterian Church  23 Melville St., Dundas | | | |  |  | |
| East Mountain  G.L. Armstrong Elementary School  460 Concession St., Hamilton | | | |  |  | |
| West Mountain  R.A. Riddell Elementary School  200 Cranbrook Dr., Hamilton | | | |  |  | |
| Stoney Creek  Collegiate Avenue Elementary School  49 Collegiate Ave., Stoney Creek | | | |  |  | |
| **Cancellation Policy** | | | | | |
| **Today’s Family implements a two week cancellation policy.** | | | | | |
| **Registration Information** | | | | | |
| **You must submit all of the following items to complete camp registration:**   * **Fully completed Registration form** * **Copy of Subsidy Authorization for Today’s Family Camp (if subsidized)** * **Payment** | | | | | |
| **Payment Information** | | | | | |
| **Fee Paying** | | | **Subsidized**  A copy of your Subsidy Authorization for Today’s Family Camp **must** be attached.  Parent Daily Contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Note**: If your Subsidy Authorization is not attached you will be charged the fee paying rate. | | |
| **Weekly Rates:** | **Kinder Camp** | **$214.00** |
|  | **Adventure Camp** | **$207.50** |
|  | | |
| ***New* Customers**: | A one-time $25 registration fee must be submitted with your payment (unless Subsidy Authorization is attached). | | | | |
| Payment is required by February 26, 2018. Please note that you will be charged for absent or sick days. | | | | | |
| **Payment methods:**  By mail – cheque, money order, or credit card (see next page)  By e-mail – e-mail transfer (please contact Accounting at 905-574-9344, ext. 116)  By phone – credit card (please contact Accounting at 905-574-9344, ext. 116)  In person at Today’s Family, 44 Greendale Drive, Hamilton – cash, cheque, money order, debit, Visa or Mastercard | | | | | |
| **\* NSF cheques will be subject to a $25.00 administration fee.** | | | | | |

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| **If paying by credit card please complete this section or contact Accounting at 905-574-9344, ext. 116.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Credit Card Holder: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| Type of Credit Card (please select): | | | | | | | | Mastercard | | | | | | | Visa | | | | | | | | | |
| Credit Card Number | | | | | | | | | | | | | | | | | | | | Expiry Date (mm/yy) | | | | |
|  |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  |  | |  | **/** |  |  |
| I/we authorize Today’s Family Early Learning and Child Care to charge my credit card as follows: | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment in full on: Click here to enter text. (date, must be no later than February 26, 2018) | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of cardholder: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent/Guardian Name: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone Number: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |