

TODAY'S FAMILY 2019 HALTON MARCH CAMP REGISTRATION

Please send completed registration form to: childcare@todaysfamily.ca or fax to 905 574 2684

CHILD'S NAME:		
March 11 – 15, 2019 Please check (✓) which age group your child will be attending **Please note that spaces are limited, first come first served** <u>PLEASE REGISTER BY FEBRUARY 22, 2019.</u>		
Location	Kinder Camp (4 – 6 years)	Adventure Camp (7 -12 years)
Burlington CH Norton School 2120 Cleaver Ave., Burlington	<input type="checkbox"/>	<input type="checkbox"/>
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: <ul style="list-style-type: none"> Fully completed Registration form Copy of Subsidy Authorization for Today's Family Camp (if subsidized) Payment 		
Payment Information		
<input type="checkbox"/> Fee Paying Weekly Rates: Kinder Camp \$223.00 Adventure Camp \$223.00	<input type="checkbox"/> 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.	
<u>New Customers:</u>	A one-time \$25 registration fee must be submitted with your payment (unless Subsidy Authorization is attached).	
Payment is required by February 22, 2019. 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.		

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:		Child's Last Name:		
Child's Birth Date: (Month/Day/Year)				
Home Phone Number:	Address:	City and Province:	Postal Code:	
CAMPER'S HEALTH INFORMATION				
Family Physician's Name:	Family Physicians Address:	City and Province:	Postal Code:	Family Physician's Phone:
Has child been immunized? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please indicate if child has experienced any of the following:	YES	NO	Details	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>		
Vision/Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>		
Mobility difficulties	<input type="checkbox"/>	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No Inhaler to be kept in: <input type="checkbox"/> Today's Family waist pouch <input type="checkbox"/> My child's waist pouch (7 years and older)	
Allergies: Peanuts <input type="checkbox"/> <input type="checkbox"/> Bee stings <input type="checkbox"/> <input type="checkbox"/> Hay fever <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input type="checkbox"/> Food <input type="checkbox"/> <input type="checkbox"/> Latex <input type="checkbox"/> <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="checkbox"/>			Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No Epi pen to be kept in: <input type="checkbox"/> Today's Family waist pouch <input type="checkbox"/> My child's waist pouch (7 years and older)	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		
Dietary restrictions	<input type="checkbox"/>	<input type="checkbox"/>	Please provide details:	
Any previous major illness or operations?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide details:	
Any additional information that would be helpful to staff when working with child to ensure a successful experience?				
SWIMMING INFORMATION				
Swimming Level: <input type="checkbox"/> Shallow End <input type="checkbox"/> Deep End		Swimming Requirements: <input type="checkbox"/> Life Jacket (to be supplied by parents) <input type="checkbox"/> Ear Plugs (to be supplied by parents)		
Any additional swimming information?				

PARENT/GUARDIAN INFORMATION

Please print. If information is not applicable, please indicate "Not Applicable" or "N/A".

First Name:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Email Address:
<input type="checkbox"/> Please email my invoice			
Employer:	Employer Address, including City and Postal Code:		Employer Phone Number:

Parent / Guardian

First Name:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Email Address:
Employer:	Employer Address, including City and Postal Code:		Employer Phone Number:

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:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Relationship to child:
First Name:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Relationship to child:

My child may be released to:

First Name:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Relationship to child:
First Name:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Relationship to child:
First Name:	Last Name:	Address, including City and Postal Code:	
Home Phone Number:	Cell Phone Number:	Work Phone Number:	Relationship to child:

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: _____

Date: _____

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: _____

Date: _____

Program Supervisor's Name: _____

Program Supervisor's Signature: _____

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:

Date:

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:

Date:

I have read the Agency Program Statement contained in the Parent Handbook prior to my child's care starting.

Signature of Parent/Guardian:

Date:

Permission to take Photographs and/or Video Yes No

Signature of Parent/Guardian:

Date:

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:

Date:

