

Enrollment confirmed (for office use only)

## TODAY'S FAMILY 2019/20 HAMILTON WINTER CAMP REGISTRATION

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

**PLEASE REGISTER BY DECEMBER 6, 2019**

**\*\*Please note that spaces are limited, first come first served\*\***

**Please check (✓) the age group you wish to register your child for.**

**CHILD'S NAME:**

| <b>Location</b><br>(Please note that locations may be subject to change.)                | <b>Kinder Camp</b><br><b>4 – 6 years</b><br>(already in full day kindergarten) | <b>Adventure Camp</b><br><b>7 – 12 years</b> |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|
| <b>East Mountain</b><br>G.L. Armstrong Elementary School<br>460 Concession St., Hamilton | <input type="checkbox"/>                                                       | <input type="checkbox"/>                     |
| <b>West Mountain</b><br>R.A. Riddell Elementary School<br>200 Cranbrook Dr., Hamilton    | <input type="checkbox"/>                                                       | <input type="checkbox"/>                     |
| <b>Stoney Creek</b><br>RL Hyslop Elementary School<br>20 Lake Ave., Stoney Creek         | <input type="checkbox"/>                                                       | <input type="checkbox"/>                     |

**Please check (✓) the weeks you wish to register your child for.**

**Please request ONLY the weeks you need as you will be billed for all scheduled weeks, including sick and absent days.**

**Cancellation Policy: Today's Family implements a two week cancellation policy.**

**\*Please note early closure time on Christmas Eve and New Years Eve\***

|                                                                                  | <b>Monday</b>     | <b>Tuesday</b>     | <b>Wednesday</b>                    | <b>Thursday</b>                     | <b>Friday</b>                   |
|----------------------------------------------------------------------------------|-------------------|--------------------|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> <b>Week 1</b><br>December 23 – 27, 2019                 | 7:00 am – 6:00 pm | 7:00 am – 4:00 pm* | Statutory Holiday<br>Program closed | Statutory Holiday<br>Program closed | HWDSB Closure<br>Program closed |
| <input type="checkbox"/> <b>Week 2</b><br>December 30, 2019 –<br>January 3, 2020 | 7:00 am – 6:00 pm | 7:00 am – 4:00 pm* | Statutory Holiday<br>Program closed | 7:00 am – 6:00 pm                   | 7:00 am – 6:00 pm               |

### REGISTRATION INFORMATION

**You must submit all of the following items to complete camp registration:**

- Fully completed Registration form
- Copy of Subsidy Authorization for the Today's Family Camp location (if subsidized)
- Payment

### PAYMENT INFORMATION

| <input type="checkbox"/> <b>Fee Paying</b>                                                                                                                                                                                                                    | <input type="checkbox"/> <b>Subsidized</b> |                           |                           |        |         |         |        |          |          |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------|---------------------------|--------|---------|---------|--------|----------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <table border="1"><thead><tr><th></th><th><b>Kinder<br/>Camp</b></th><th><b>Adventure<br/>Camp</b></th></tr></thead><tbody><tr><td>Week 1</td><td>\$90.00</td><td>\$85.00</td></tr><tr><td>Week 2</td><td>\$180.00</td><td>\$170.00</td></tr></tbody></table> |                                            | <b>Kinder<br/>Camp</b>    | <b>Adventure<br/>Camp</b> | Week 1 | \$90.00 | \$85.00 | Week 2 | \$180.00 | \$170.00 | A copy of your Subsidy Authorization for Today's Family Camp <b>must</b> be attached.<br>Parent Daily Contribution \$ _____<br><b>Note:</b> If your Subsidy Authorization is not attached you will be charged the weekly rate. |
|                                                                                                                                                                                                                                                               | <b>Kinder<br/>Camp</b>                     | <b>Adventure<br/>Camp</b> |                           |        |         |         |        |          |          |                                                                                                                                                                                                                                |
| Week 1                                                                                                                                                                                                                                                        | \$90.00                                    | \$85.00                   |                           |        |         |         |        |          |          |                                                                                                                                                                                                                                |
| Week 2                                                                                                                                                                                                                                                        | \$180.00                                   | \$170.00                  |                           |        |         |         |        |          |          |                                                                                                                                                                                                                                |

I currently have a child in care with Today's Family at \_\_\_\_\_ (location)  
\*Payment not required – you will be billed as usual\*

This is my first time using Today's Family child care or camp services.  
\*\*A one-time \$25 registration fee must be submitted with your payment unless your Subsidy Authorization is attached\*\*

I have previously used Today's Family child care or camp services.

**Payment is required by December 6, 2019.**

**Payment methods (after confirmation of enrollment):**

- By e-mail – e-transfer or credit card (please use form on this page)
- By phone – Visa or Mastercard
- In person at Today's Family, 44 Greendale Drive, Hamilton – cash, cheque\*, money order, debit, Visa or Mastercard
- By mail – cheque\*, money order, or credit card (please use form on this page)

\*cheques can be post-dated no later than December 6, 2019

\* NSF cheques will be subject to a \$25.00 administration fee.

| <b>AUTHORIZATION TO CHARGE CREDIT CARD</b>                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|---|--|--|
| <b>Please complete this form and e-mail to <a href="mailto:childcare@todaysfamily.ca">childcare@todaysfamily.ca</a> or mail to Today's Family, 44 Greendale Drive, Hamilton, ON L9C 5Z4</b> |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Name of Credit Card Holder:                                                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Type of Credit Card (please select): <input type="checkbox"/> Mastercard <input type="checkbox"/> 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:                                                                                            |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| <input type="checkbox"/> Payment in full on: _____<br>(date, must be no later than December 6, 2019)                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Signature of Cardholder:                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Child's Name:                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Parent/Guardian Name:                                                                                                                                                                       |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Address:                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |
| Phone Number:                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |  |  |  |                     |  |  |   |  |  |

### 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:        |
| Primary Phone Number: | Address: | City:              | Postal Code: |

### CAMPER'S HEALTH INFORMATION

|                          |                            |       |              |                           |
|--------------------------|----------------------------|-------|--------------|---------------------------|
| Family Physician's Name: | Family Physicians Address: | City: | Postal Code: | Family Physician's Phone: |
|--------------------------|----------------------------|-------|--------------|---------------------------|

Has child been immunized?     Yes     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<br>Inhaler to be kept in:<br><input type="checkbox"/> Today's Family waist pouch<br><input type="checkbox"/> My child's waist pouch (7 years and older)                                                                                                          |
| Allergies:<br>Peanuts <input type="checkbox"/> <input type="checkbox"/><br>Bee stings <input type="checkbox"/> <input type="checkbox"/><br>Hay fever <input type="checkbox"/> <input type="checkbox"/><br>Medication <input type="checkbox"/> <input type="checkbox"/><br>Food <input type="checkbox"/> <input type="checkbox"/><br>Latex <input type="checkbox"/> <input type="checkbox"/><br>Other (please specify) <input type="checkbox"/> <input type="checkbox"/> |                          |                          | EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>EpiPen to be kept in:<br><input type="checkbox"/> Today's Family waist pouch<br><input type="checkbox"/> My child's waist pouch (7 years and older)<br><br>All allergies requiring an EpiPen must have an anaphylaxis plan in place and an EpiPen on site. |
| 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 health information that would be helpful to staff?                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                                                                                                                                                                                                                                                                                                                                    |

### OTHER INFORMATION

Any other information that would be helpful to staff when working with your child to ensure a successful experience?

**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: |                |
| Primary Phone Number:                            | Alternate Phone Number: | Work Phone Number:                       | Email Address: |
| <input type="checkbox"/> Please email my invoice |                         |                                          |                |

Employer:

**Parent / Guardian**

|                       |                         |                                          |                |
|-----------------------|-------------------------|------------------------------------------|----------------|
| First Name:           | Last Name:              | Address, including City and Postal Code: |                |
| Primary Phone Number: | Alternate Phone Number: | Work Phone Number:                       | Email Address: |
| Employer:             |                         |                                          |                |

**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:              | Relationship to child: |
| Primary Phone Number: | Alternate Phone Number: | Work Phone Number:     |
| First Name:           | Last Name:              | Relationship to child: |
| Primary Phone Number: | Alternate Phone Number: | Work Phone Number:     |

**My child may be released to:**

|                       |                         |                        |
|-----------------------|-------------------------|------------------------|
| First Name:           | Last Name:              | Relationship to child: |
| Primary Phone Number: | Alternate Phone Number: | Work Phone Number:     |
| First Name:           | Last Name:              | Relationship to child: |
| Primary Phone Number: | Alternate Phone Number: | Work Phone Number:     |
| First Name:           | Last Name:              | Relationship to child: |
| Primary Phone Number: | Alternate Phone Number: | Work Phone Number:     |

## 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](http://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: \_\_\_\_\_