

TODAY'S FAMILY 2020 HALDIMAND-NORFOLK MARCH CAMP REGISTRATION

Please send completed registration form to: childcare@todaysfamily.ca or fax to 905 574 2684 or mail to Today's Family, 44 Greendale Drive, Hamilton, Ontario L9C 5Z4

March 16 – 20, 2020

Please check (✓) which age group your child will be attending

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

Please register by FEBRUARY 21, 2020

Location	Kinder Camp (4 – 6 years)	Adventure Camp (7 -12 years)
Port Dover Lakewood Elementary School 713 St. George Street, Port Dover		

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

Weekly Rate \$195.20

Subsidized

A copy of your Subsidy Authorization for Today's Family Camp **must** be attached.

Parent Daily Contribution \$ _____

Name of Subsidy Worker: _____

Note: If your Subsidy Authorization is not attached you will be charged the fee paying rate.

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 February 21, 2020. Please note that you will be charged for absent or sick days.

Payment methods (after confirmation of enrollment):

By e-mail – e-transfer (please contact Accounting at 905-574-9344, ext. 116), or credit card (please use form on next page)

By phone – Visa or Mastercard (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

By mail – cheque*, money order, or credit card (please use form on next page)

*cheques can be post-dated no later than February 21, 2020)

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

AUTHORIZATION TO CHARGE CREDIT CARD

Name of Credit Card Holder:

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 for payment of March 2020 camp fees

Payment will be processed on or about February 21, 2020

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:	
Home 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					
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: Peanuts Bee stings Hay fever Medication Food Latex Other (please specify)			EpiPen: Yes No EpiPen to be kept in: Today's Family waist pouch My child's waist pouch (7 years and older) All allergies requiring an EpiPen must have an anaphylaxis plan in place and an EpiPen on site. Please provide any allergy details:		
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?					
SWIMMING INFORMATION					
Swimming Level:	Shallow End 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:	
Primary Phone Number:	Alternate Phone Number:	Work Phone Number:	Work Extension:
<input type="checkbox"/> Please email my invoice	Email Address:		

Employer:

Parent / Guardian

First Name:	Last Name:	Address, including City and Postal Code:	
Primary Phone Number:	Alternate Phone Number:	Work Phone Number:	Work Extension:
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:	Work Extension:

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

My child may be released to:

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

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

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

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:
(mm d, yyyy)

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:
(mm d, yyyy)

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: _____
(mmmm d, yyyy)

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: _____
(mmmm d, yyyy)

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

Signature of Parent/Guardian: _____ Date: _____
(mmmm d, yyyy)

Permission to take Photographs and/or Video Yes No

Signature of Parent/Guardian: _____ Date: _____
(mmmm d, yyyy)

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: _____
(mmmm d, yyyy)

TODAY'S FAMILY SUNSCREEN PERMISSION FORM

At Today's Family, it is policy that each child wear sunscreen and that it be reapplied as necessary. Sunscreen is to be provided by the parent and labeled with your child's name. Due to the active ingredient in sunscreen, it is essential that this form is completed by the parent/guardian to give consent for daily use.

Child's Name: _____

Name of Sunscreen Printed on Container: _____

Sun Protection Factor Printed on Container: _____

Signature of Parent/Guardian: _____ Date: _____
(mmmm d, yyyy)