

**Champlain Heights Sunsplash Summer Day Camp
Participant Information**

CHILD'S INFORMATION

First Name: _____ Last Name: _____
Home Address: _____
Postal Code: _____ Home Phone: _____
Birthdate (mm/dd/yy) _____ Age: _____

**PARENT/GUARDIAN
INFORMATION**

First Parent/Guardian

First Name: _____ Last Name: _____
Home Phone: _____ Business or Cell: _____

Second Parent/Guardian

First Name: _____ Last Name: _____
Home Phone: _____ Business or Cell: _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____
Home Phone: _____ Business or Cell: _____

MEDICAL INFORMATION

Child's Care Card Number: _____
Please specify any allergies: _____
Does your child take any medication (if yes, please specify)? _____
Any other medical conditions (please specify)? _____
Should your child be restricted from any activities? _____

PICK UP INFORMATION (Who will be picking up your child?)

Person 1 Full Name: _____ Person 2 Full Name: _____
Is there any person who is NOT permitted to pick up your child (please specify)? _____
Can your child walk to or from the Day Camp by themselves? Yes _____ No _____
If yes, please indicate which (or both): To (9:30am): _____ From (3:30pm) _____

CHILD'S SWIMMING ABILITY

Please check one: Excellent _____ Satisfactory _____ Poor _____
Last swimming lesson level completed (if applicable): _____

Is there any other information that you would like to provide us with:

**Champlain Heights Community Association
Sunsplash Daycamp
Parent's Agreement**

☞ OUR CENTRE HAS DEFINITE GUIDELINES FOR DELIVERY, PICK UP AND FOR HEALTH AND SAFETY. THESE ARE IN PLACE TO PROTECT YOUR CHILDREN. PLEASE READ CAREFULLY.

1. DELIVERY AND PICK UP

I will be responsible for the care and transportation of my child to and from the facility. I will deliver my child directly to a program staff member. I understand that at no time will the staff release my child to someone without my authorization and that no child will be released if staff are of the opinion that the child may be at risk. I will complete a form if special arrangements for pick up are required. For the protection of the child, in the event of an unusual delay the Ministry of Children & Families may be contacted for assistance.

Late fee: Parents/care-givers are expected to pick up their child by 3:30pm each day. There will be a late fee of \$10 for every 10 minutes (or portion thereof) after 3:30pm.

2. HEALTH

- a) I understand that no child may attend who is judged to be ill or a source of infection;
- b) I understand that if my child is ill he/she may not feel comfortable with the active program environment and will require more individual attention than the centre can provide. If my child is too sick to participate in the program, including outdoor play, then I understand that my child is not well enough to attend and I will keep my child at home (or arrange for alternate care). I may also be called to pick up my child during the day if my child is too sick to remain at the centre;
- c) I understand that children with a temperature higher than 38.3 degrees Celsius are considered to have a fever, and are not permitted at the centre;
- d) I understand that only medications prescribed by a physician can be administered. I understand that I must sign the "Consent to Administer Medication" form before staff can give the medication to my child;
- e) I will notify the staff if my child contracts a communicable disease. I understand that my child may not return until they are no longer infectious;
- f) I will keep my child at home if he/she is vomiting or has diarrhea. These two conditions are easily transmitted among children and can spread very quickly. I will notify the staff if my child has been vomiting or has diarrhea;
- g) I understand that staff will call my family doctor in case of any emergency or utilize the nearest hospital.

b) EXCURSIONS

I hereby give my permission for my child to go on excursions off site. I understand that my child may be transported by public transit, by community bus or van, by hired bus companies or may walk to the destination. Typically, outtrips include visits to parks, beaches, museums, rinks, libraries, art galleries and other local tourist attractions.

I understand all excursions will be carefully pre-planned and adequately supervised and I will be informed about them prior to their taking place with the exception of short walks in the immediate neighbourhood of the centre.

I have read and understand this agreement and agree to abide by the information presented while my child is in attendance.

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

The participant and parent or guardian acknowledges that they are aware of the details of the trip or event and that there exists an element of personal risk of damage or serious injury in the activities and willingly agrees to assume responsibility for those risks as a condition of registering for the program.

NAME OF CHILD _____

AGE _____

SIGNATURE OF PARENT _____ DATE _____

Date: _____

I hereby give my permission for my child _____ to:

- come to Day Camp by him/herself _____

- walk home by him/herself _____

Parent's name: _____
(Please print)

Parent's signature: _____