

## Summer Camp Registration Form

**Child:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Parent/Guardian 1:** \_\_\_\_\_ **Parent/Guardian 2:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Primary Contact?** Yes  No  **Primary Contact?** Yes  No

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_ **Authorized for Pick Up:** Yes  No

| Camp Program Details   |                                       |  |  |   |   |
|--|---------------------------------------|--|--|---|---|
| <b>Senior Camp</b><br>\$180.00 - Full Day (M-F) <input type="checkbox"/><br>Please notify the Youth Program Manager if you only require half-day. You will still be expected to pay the full camp fee. |                                       |  | <b>Junior Camp</b><br>\$90.00 - Morning Half Day (M-F): 8am-12pm <input type="checkbox"/><br>\$90.00 - Afternoon Half Day (M-F): 12pm-4pm <input type="checkbox"/> |   |   |
| <b>July</b>  | *Week 1: 2-4 <input type="checkbox"/> | Week 2: 7-11 <input type="checkbox"/>  | Week 3: 14-18 <input type="checkbox"/>   | Week 4: 21-25 <input type="checkbox"/>                    | Week 5: 28-Aug 1 <input type="checkbox"/> |
| <b>August</b>  | *Week 6: 5-8 <input type="checkbox"/> | Week 7: 11-15 <input type="checkbox"/> | Week 8: 18-22 <input type="checkbox"/>   | No camp on July 1 <sup>st</sup> or August 4 <sup>th</sup> |   |
| [*] - indicates a reduced camp fee due to holidays and a shorter camp week.  |                                       |  |  |   |   |

### Summer Camp Absence Reporting

By completing this registration form, I agree to call or email the below contact(s) at Oak Park Neighbourhood Centre before 9:00 am if my child is going to be absent from, or more than 60 minutes late to, program on that given day. I further agree that I or any other authorized pickups will retrieve my child(ren) from the program by 4:00 pm each day that they are present in the program.

#### Before and After School Care\*

[bacare@opnc.ca](mailto:bacare@opnc.ca)\*  
 (905) 257-6029 ext. 102

#### Youth Program Manager

[youth@opnc.ca](mailto:youth@opnc.ca)  
 (905) 257-6029 ext. 1071

[\*] - represents primary and/or priority contact(s) for the program.

**Note:** senior age campers (ages 7-12) can be permitted to walk home by themselves at camp dismissal by request to the Youth Program Director at [youth@opnc.ca](mailto:youth@opnc.ca).

### Permission to Use Photograph

I grant to Oak Park Neighbourhood Centre the right to take photographs of my child in connection with the OPNC programs. I authorize Oak Park Neighbourhood Centre, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Centre may use such photographs without names and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Yes  No

### Medical, Dietary and Special Considerations

Please list any medical conditions, dietary restrictions, or special considerations (i.e. social challenges, new situation reactions, difference of opinion etc.) OPNC should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**If your child has a life-threatening allergy and/or regular medication to be administered, additional forms are required. Please notify staff.**

## Summer Camp Registration Form

### Additional Authorized Pick Ups

A written consent letter or email is required to permit anyone not on this list to pick up your child. Additional authorized pickups listed below are required to present Government issued identification when requested by program staff. Failure to present identification may result in the child not being dismissed from the program.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relation to Child:** \_\_\_\_\_

Please list any individual(s) who are legally denied access to your child (**Note:** supporting documents may be required):

\_\_\_\_\_

### Home (“Bagged”) Lunch

Lunches provided from home must adhere to Canada’s Food Guide, as well as be nut free for Summer Camp. Families will be notified by email if there are children with additional allergies besides nuts in the group. Staff will monitor lunches to ensure bagged lunches arriving at OPNC are nut and allergy free. Children will not be allowed to share lunches. If a child should forget their lunch, or have something in their lunch with an allergen, then a healthy choice will be provided by OPNC.

### Camp Fees and Cancellations

Camp costs are mentioned above and cannot be adjusted. An email will be sent at least two weeks prior to Summer Camp for registration into camp. Payment must be received via cheque one week prior to camp for a child(s) spot to be secured for camp. If payment isn’t made and all spots filled, the family will be notified camp is full.

Refunds will be provided if the request is received a month in advance of the program start date and will be refunded less a \$25 administrative fee. Any notifications provided after the program start date will not be refunded.

\_\_\_\_\_

### Emergency Treatment Release Form

I authorize Oak Park Neighbourhood Centre to act on my behalf to ensure immediate medical treatment should the staff deem it necessary. I give permission for my child, in the event of an emergency, to receive full medical attention deemed necessary by a hospital physician. If possible, my child will be accompanied to the hospital or met there by staff. Every effort will be made to reach me and/or my emergency contacts. I agree to accept any financial responsibility for any emergency medical care necessary.

### Waiver & Medical Emergency

I acknowledge and understand that participation in and attendance at Oak Park Neighbourhood Centre Childcare involves certain risks and dangers of accidents. I have considered and evaluated the nature, scope and extent of risks involved, and voluntarily and freely choose to assume those risks.

I release Oak Park Neighbourhood Centre from responsibility and/or liability for any loss, damage or injury that may result while my child(ren) are participating in the program, whether at the Oak Park Neighbourhood Centre or in the grounds surrounding it. This form shall remain in full force and effect until it is withdrawn by giving written notice to Oak Park Neighbourhood Centre. I agree that no notice apart from that, which is specified above, shall be considered to amend this form. I have the authority to give this release.

I wish to enter into an agreement with Oak Park Neighbourhood centre childcare to provide care for my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_