

CAMP KINETIC

ki·net·ic:

active, animated, breezy, brisk, driving, dynamic, fresh, hardy, high-powered, indefatigable, lively, peppy, powerful, rugged, spirited, strong, tireless, unflagging, untiring, vigorous, vital, vivacious, zippy

REGISTRATION PACKAGE

163 King Road
Richmond Hill, Ontario L4E 2W2
289-234-2700

Camper Information

Child's Full Name:

_____ Last First Middle

Date of Birth: _____ Health Card #: _____
M / D / YR Version

Child's Gender: Male Female

Home Address: _____

City: _____ Province: _____ Postal Code: _____ Telephone: _____

Mother:

Name: _____

Employer: _____

Work Telephone: _____

Cell Phone: _____

E-Mail: _____

Father:

Name: _____

Employer: _____

Work Telephone: _____

Cell Phone: _____

E-Mail: _____

Family Physician/Pediatrician:

Name: _____

Address: _____ (Print full address including City and Postal Code)

City: _____ Province: _____ Postal Code: _____ Telephone: _____

First Emergency Contact Information

Name of person: _____

Home Telephone: _____

Cell Phone: _____

Relationship to child: _____

Work Telephone: _____

Other Phone: _____

Second Emergency Contact Information

Name of person: _____

Home Telephone: _____

Cell Phone: _____

Relationship to child: _____

Work Telephone: _____

Other Phone: _____

HEALTH HISTORY

Camper's Full Name: _____

*** Immunization Record required (please attach a photocopy) ***

Does your child have any of the following?

Special needs (please state medical diagnosis and treatment as well as any Individual Program Plan and agencies involved):

Allergies to food, medication, animals, precautions and care:

Special dietary requirements:

Ongoing administration of medication (i.e. Puffers, Epi pen, etc.):

AUTHORIZATION FOR PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. All authorized persons must be 18 years of age or older, unless otherwise designated by written (by hand or email) parental consent. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian over the age of 18. Note that photo ID will be required to release the child.

The following is a list of people authorized to pick up _____:
Child's Full Name

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Name of person: _____ Address: _____

Relationship to child: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Other Phone: _____

Parent / Guardian Signature

Date



MEDICAL / ACCIDENT EMERGENCY

I hereby grant permission to Kinetic Camp and their staffs to take whatever steps is necessary to gain emergency medical care for my child, if and when it is necessary.

These steps may contain, but are not restricted to:

1. Activation of 911 for all medical emergencies.
2. Administration of first aid.
3. Transporting the child to the nearest hospital.
4. Contacting the parent/guardian or emergency contact.

In all situations, every effort will be made to contact the parent. However, the well-being and comfort of the child will be the first priority.

I hereby agree that if I cannot be contacted at the time of illness or accident, or that the emergency is such that time does not permit such contact, The Early Years, the Executive Director, Supervisor, or Staff is hereby authorized to take my child, _____ for immediate medical treatment. Transportation may include use of an ambulance or private vehicle.

I, on behalf of my child and myself, do release and discharge The Early Years, its owners and staff from any and all claims, actions, causes of action arising from any accident or loss caused by the above mentioned treatment or transportation.

The Early Years will not be responsible for any incident that may occur as a result of false, misleading or missed information that is given or omitted at the time of enrolment or any time thereafter.

Parent/Guardian Signature

Date



PERMISSION TO PARTICIPATE

I, being the parent/guardian of _____ do hereby approve to the participation of my child in activities related to the program offered by The Early Years Summer Camp. I hereby, on behalf of my child, myself, our successors and assigns, release and discharge The Early Years, its owners and staff, from any and all claims, actions and causes of action arising from any accident or loss cause by the participation of the child named during any activity held at this location, or any location where the program is held or on route to any such activity.

I hereby give permission for my child _____ to take part in outings, supervised by the staff of The Early Years Summer Camp. I understand that parental consent forms will be issued when the excursions involve the use of chartered school buses.

Parent/Guardian Signature

Date

SECURITY CODE AGREEMENT

The inner front door will be locked at all times throughout the day. This door is equipped with a locking mechanism controlled by key pad codes.

A code has been issued for families and employees alike.

The code is used to enter the facility and is implemented for security purposes. It is your responsibility to remember this code as it will serve as your means of entering the centre to pick up and drop off your child.

This code will be issued to the parent(s) of the child only. We ask that you do not give this code out to any other family members or authorized person for your child's pick up.

The Directors of the centre have the right to remove the access codes to anyone caught misusing this security. This is important for the child's safety while in the care of our daycare centre.

Please make sure to keep the door closed. We work very hard at keeping your children safe; please work with us to keep it a safe environment for all.

I have read and understood the Security Code agreement and agree to comply with these stipulations.

Parent Signature

Date

Parent Signature

Date

PHOTOGRAPH CONSENT FORM

I, _____ give permission for photographs/video recording of my
Child for both publicity material used in The Early Years Summer Camp materials
including printed publications and our website.

Name of Child: _____ Date: _____

Signature of Parent/Guardian: _____

PERMISSION TO APPLY SUNSCREEN

Parents are required to provide their own sunscreen, labelled and not expired. However, if you choose not to provide sunscreen, a \$15.00 fee will apply and the centre will provide a sunscreen of their choice.

Parent/Guardian Signature

Date

Rates and Hours

Hours Open: 7:00 am – 6:00pm

Camp Hours of Operation: 9:00am – 4:00pm

Session: 2 weeks

Each session includes the following

- Daily hot meals
- 2 snacks per day
- Weekly swim time
- 1 field trip per session

Session 1	July 2 - July 13	\$560
Session 2	July 16 - July 27	\$560
Session 3	July 30 - Aug 10	\$530
Session 4	Aug 13 - Aug 24	\$560
Extended Camp	Aug 27 - 31	\$280/week
Weekly Rate	Monday - Friday 9am - 4pm	\$280/child
Daily Rate	9am - 4pm	\$60/child
Before Camp Care	7am - 9am	\$120 / session, \$12 /day
After Camp Care	4pm - 6pm	\$120 / session, \$12 /day
Busing	Door to door pick up and drop off	\$80/session
Registration/Insurance		\$50/ family

Conditions:

1. \$50 registration / insurance fee is required at the time of sign up, this fee is non refundable. Any withdrawals after the start date of camp will result in loss of full payment for that month. Payment will have to be made 30 days prior to the 1st day of camp.
2. The directors have the right to dismiss any child from the camp at anytime.
3. There are no refunds, or reduced payments for campers arriving late, missing camp days, leaving early during the time they are registered for, as well for campers that are withdrawn from camp or expelled for breaking rules or continuous misconduct during the time they are registered for.



CODE OF CONDUCT WITHIN THE CHILDCARE CENTRE

- Parents/Guardians must employ respect to all teachers and its employees within the facility at all times.
- The relationship between parents/guardians and all employees should not impact any policy and procedure within the facility or of personal value and belief.
- Appropriate voice levels must be used by all parents/guardians upon entering and during their presence within the facility.
- Inappropriate **conduct** towards any person affiliated within The Early Years will not be tolerated and be asked to leave the premises immediately.
- Inappropriate **language** towards any person affiliated within the Early Years will not be tolerated and be asked to leave the premises immediately.
- Parents/Guardians who have questions with regards to policy and procedure are encouraged to approach the office.
- Private issues are to be spoken to and dealt with privately between the patron, the facilitators and management.
- Parents/Guardians who choose to use derogatory comments towards any persons employed by the Early Years or its programming will be asked to leave immediately.
- Parents/Guardians unwilling to comply with the above or use inappropriate mannerism both within the facility and on premises will be asked to leave.
- Parents/Guardians who refuse to leave when asked will be escorted off the premises either by management or of higher legal authority.
- The Early Years management reserves the legal right to dismiss, escort or take alternative measures with discretion and where deemed necessary to ensure the safety and well being of all children and employees.

Parent's Signature: _____

Date: _____

(Office use only)

Payment

(Please make cheques payable to "The Early Years Kinetic Camp Division")

(All returned cheques will result in a charge of \$35)

Childs Name: _____	Start Date: _____
Sessions Required: _____	Before Camp Care: Yes <input type="checkbox"/> No <input type="checkbox"/> After Camp Care: Yes <input type="checkbox"/> No <input type="checkbox"/> Busing: Yes <input type="checkbox"/> No <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/>
Childs D.O.B: _____	

	Amount	CHQ # /Cash	Date	Notes
Registration / Insurance	\$			
July Fee	\$			
August Fee	\$			
Additional Payments	\$			



I, _____, have read and understood all policies and procedures implemented at The Early Years Summer Camp.

The Directors of the centre have the right to terminate service if failure to comply with these policies occurs.

Parent/Guardian Signature

Date