



Camp PRC Registration Application

March and Summer | 2020

REGISTRATION INFORMATION (please print)

CHILD'S INFORMATION			
Child's Name (First and Last)		Date of Birth Month/Day/Year	
Child's Age		Child's Grade	
Medical conditions, allergies or specific needs:			
PARENT'S / GUARDIAN'S INFORMATION			
Name			
E-mail Address			
Home Address			
City		Postal Code	
Home phone		Alternate Contact	
Cellphone		Alternate Phone number	

DAYS OF CARE REQUIRED (please check)

FEE: \$32.50 per day

March Break - Full week Mon 16th Tues 17th Wed 18th Thurs 19th Fri 20th

Summer Break -

Week Starting	Full Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 29 th	<input type="checkbox"/>	29 th	30 th	STAT DAY	2 nd	3 rd
July 6 th	<input type="checkbox"/>	6 th	7 th	8 th	9 th	10 th
July 13 th	<input type="checkbox"/>	13 th	14 th	15 th	16 th	17 th
July 20 th	<input type="checkbox"/>	20 th	21 st	22 nd	23 rd	24 th
July 27 th	<input type="checkbox"/>	27 th	28 th	29 th	30 th	31 st
August 3 rd	<input type="checkbox"/>	STAT DAY	4 th	5 th	6 th	7 th
August 10 th	<input type="checkbox"/>	10 th	11 th	12 th	13 th	14 th
August 17 th	<input type="checkbox"/>	17 th	18 th	19 th	20 th	21 st
August 24 th	<input type="checkbox"/>	24 th	25 th	26 th	27 th	28 th
August 31 st	<input type="checkbox"/>	31 st	1 st	2 nd	3 rd	4 th

PAYMENT INFORMATION

Placement will be on a first-come, first-served basis, and a confirmation email will be sent detailing any further form requirements and payment arrangements. If we are unable to accommodate your request, you will be contacted as soon as possible. Payments are due at point of booking. Children are not able to attend program until payment is received. To withdraw or Cancel from any day, you must provide two (2) weeks written notification to the Supervisor of your child's program. Fees will be charged if required notice is not given. If you are currently receiving financial assistance, contact your Community Support Associate for approval.

I have read and understand the submission and payment information.

Parent's / Guardian's Signature _____ Date _____

For Office Use Only:

NOTES:

Date Registration Form rec'd: _____ Rec'd by: _____ Date Payment rec'd: _____

Cash Credit Debit Cheque (Cheque information)

CAMP PRC

All staff involved in Camp PRC are trained to High Five standards to provide the best possible care and communication to children. We are committed to providing high quality, inclusive programs and practices that respond to the individual abilities and needs of every child.

We work in partnership with parents and special needs resource agencies, such as Stratford Resource Program and Community Living, to meet the individual needs of children and their families. By working collaboratively with parents and resource agencies, we ensure that strategies are implemented that reduce or eliminate barriers and effectively support each child's unique needs.

NAMES OF THOSE AUTHORIZED TO PICK UP MY CHILD

1) _____ 2) _____ 3) _____

PHOTOGRAPH / VIDEO / AUDIO

Children participating in Camp PRC may be photographed, videotaped or recorded for the print or digital purposes of:

- Staff education and parent communication
- Program documentation and program promotion

I give permission for my child to be photographed, videotaped or recorded while participating in program activities, for the purposes described above.

YES NO

I understand the images are the sole property of St. Marys Recreation Department and that I have no right to make any claim against St. Marys Recreation Department for using these communication products for the purposes described above.

This agreement is not a requirement of registration and may be cancelled at any time.

EXCURSIONS

I give permission for my child to participate in excursions outside of the Pyramid Recreation Centre property. An additional permission form will be available for my authorization prior to excursions requiring transportation.

YES NO

I understand that the staff of the St. Marys Recreation Department will supervise the excursions.

USE OF TOPICAL CREAMS

I give consent for topical creams (e.g.: sunscreen) to be applied to my child if/when required.

I understand that it is my responsibility to provide the topical cream to the program, clearly labelled with my child's name.

YES NO

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I have read and understand the above information and agree to all Terms and Conditions and Code of Conduct

Parent's / Guardian's Name (please print) _____ Parent's / Guardian's Signature _____

Date _____