**Summer Camp Registration Form**  **HALIFAX SITE**  **SHEARWATER SITE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s -First Name(s) | | Child’s Last Name | 🞏 Male  🞏 Female | Date of Birth  \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  YY MM DD  **(must be Grade 1-6 in Sept 2018)** |
| **Mailing Address including postal code** **\*Tax receipts will be emailed out in Feb 2019\*** | | | | |
| Primary Caregiver - First Name | | Last Name | Telephone # | |
| Email address: | | | # CELL | |
| Primary Caregiver - First Name | | Last Name | Telephone # Day | |
| Email address: | | | # CELL | |
| Military Family Member | Military Member’ s Unit | | | |

**\*\*Please circle the name to be used on the 2018 tax receipt\*\***

|  |  |
| --- | --- |
| **Summer Camp Pricing** | **Camp Option** |
| Standard 7:30 – 4:30pm $125.00/wk  Early Drop-off 6:30 – 7 :30am $140.00/wk  Late Pick-up 4:30 - 5:30pm $140.00/wk  Early Drop-off *&* Late Pick-up $150.00/wk | S  E  L  B |

**Payment Methods:**

Cash, Debit and Credit Card (Visa / MasterCard): prepayment of full fees at time of registration.

Weekly Credit Card: pre-authorized form to be completed.

Cheques: if not paying full fees, cheques to be dated for the Monday of the respective camp week and made out to:

**H & R Military Family Resource Centre**

Based on families’ feedback, accessibility is a priority. To ensure all families have equal access to our summer camp program, families may register for up to 7 weeks of summer camp.

**Please indicate which 7 weeks you would like to register below, camp option, amount and payment method:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendance at Summer Camp** | **Camp Option** | **Amount** | **Payment Method** |
| Week 1 **July 3 – 6** |  |  |  |
| Week 2  **July 9 – 13** |  |  |  |
| Week 3  **July 16 – 20** |  |  |  |
| Week 4  **July 23 – 27** |  |  |  |
| Week 5  **July 30 – Aug 3** |  |  |  |
| Week 6  **Aug 7 – 10** |  |  |  |
| Week 7  **Aug 13 – 17** |  |  |  |
| Week 8  **Aug 20 – 24** |  |  |  |

**\*\* Refunds will only be offered due to service related reasons (ie. Postings)**

What school will your child (ren) be attending for the 2018-2019 school year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How** would you like to be contacted if staff have a concern about your child(ren)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a loved one deployed?  **Yes**  **No**

**PRIVACY STATEMENT:** The information contained on this form is only for the use by the Halifax & Region Summer Camp staff and volunteers.

**EMERGENCY CONTACT AND PICK UP**

**Emergency Contact** (other than primary caregivers): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship of the Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Persons authorized to pick child up:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND INFORMATION/MEDICAL AND HEALTH HISTORY**

Provincial Health Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any areas that require special attention?  **Yes**  **No**

**Including, but not exclusive to:** medical conditions; behavioral challenges; autism; ADHD/ADD; ODD; OCD; anxiety.

**\*Parents are required to disclose any medical conditions, diagnosed disabilities, or other conditions so we can make any necessary program modifications to provide the best care and support\***

**If you have checked yes above, the Director of Inclusion and Summer Camp Inclusion Coordinator will meet with parents prior to starting summer camp to discuss possible modifications and adaption’s to ensure the camper can actively participate in all aspects of camp.**

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child require the assistance of an Educational Program Assistant (EPA) during the school year? What type of supports are used to help your child be successful? *(for example: academic support, behaviour support, health and safety support)*

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your child taking any medication?  **Yes**  **No**

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Background information/Medical and Health History cont.:**

Please list side effects to any medication your child is taking:

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Will there be any changes to your child’s medication during the summer months?  **Yes**  **No**

If yes, please explain:

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Does your child require the use of puffers?  **Yes**  **No**

If yes, are they able to administer it themselves? List symptoms below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any allergies? (Including, but not limited to foods, medications, or contact allergies)  **Yes**  **No**

If yes, please explain:

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Is the allergy severe enough to require medication or emergency treatment?  **Yes**  **No**

If yes, please explain:

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Will your child be residing with their primary caregiver this summer?  **Yes**  **No**

If no, please explain: (e.g. visiting relatives or parent during the summer):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child (ren) have any non-medical or behavioral concerns that we should be made aware of? Please include any strategies that you have found helpful with your child.**

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**What else can you tell us about your child to help us provide quality care? (e.g. is your camper shy, easily frustrated, do they run off if upset, etc).**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please tell us about your child (ren)’s swimming abilities.**

Please select one option:

* Non-swimmer
* Beginner
* Average
* Excellent

While swimming my child:

* Cannot swim
* Requires a life jacket
* Requires a flotation device
* Does NOT require the aid of a flotation device

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Emergency First Aid Authorization**

I give permission for my Child to receive Emergency First Aid / CPR as required, to be administered by staff of the Halifax & Region Military Family Resource Centre Summer Camp. I understand that this may involve calling a physician, interpreting and carrying out instructions, and transporting my child to a hospital by ambulance. I understand that this may be done prior to contacting me and that any medical/ambulance expenses will be my responsibility.

Primary Caregiver’s Name: (please print): Signature:

**Please Note:**

**The only medication that the staff will administer are those medications prescribed by a doctor and in the original container with a prescription label that states child’s name, doctors name, date, medication name, amount and time of dosages. For children who have medication, parents must complete a medication form.**

**Children with severe allergies or asthma that require medication will not be accepted into the program without their Epi-pens and puffers with them each day.**

#### **Field Trip Permission**

I give permission for my Child to participate in the field trips as planned and implemented by the Halifax & Region Military Family Resource Centre Summer Camp. By choosing to participate in these activities you are consenting to take full responsibility for an accident or injury or illness which may occur during an outing. The H&R MFRC is not liable for any injuries received as a result of participation in activities. I have read the above and I understand that by my child(ren) participating in the H&R MFRC Summer Day Camp field trips, I assume the risk associated with doing so. Please note that we access public transportation (Metro Transit).The Halifax & Region Military Family Resource Centre Summer Camp does not provide alternate care for campers not permitted to attend field trips.

Primary Caregiver’s Name: (please print): Signature:

**Parent Handbook**

I have read and agree to abide by program policies as stated in the Halifax & Region MFRC Summer Camp Parent’s Handbook, failure to do so may result in loss of space.

Primary Caregiver’s Name: (please print):

Signature: Date: