



# FERNWOOD NEIGHBOURHOOD SUMMER FUN CAMP

## Application for Registration

### APPLICATION FOR SUMMER CAMP PROGRAMS 2018 FOR CHILDREN KINDERGARTEN TO GRADE 5

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

- ☐ T-shirt Fee \$25: required
- ☐ Week 1: July 3<sup>rd</sup> -July 6<sup>th</sup> (Full Time) 7:30am- 5:30pm (\$175) (Closed Monday for holiday)
- ☐ Week 2: July 9- July 13<sup>th</sup> (Full Time) 7:30am- 5:30pm (\$195)
- ☐ Week 3: July 16<sup>th</sup>- July 20 (Full Time) 7:30am- 5:30pm (\$195)
- ☐ Week 4: July 23 – July 27 (Full Time) 7:30am- 5:30pm (\$195)
- ☐ Week 5: July 30- August 3 (Full Time) 7:30am- 5:30pm (\$195)
- ☐ Week 6: August 7- August 10 (Full Time) 7:30am- 5:30pm (\$175) (Closed Monday for holiday)
- ☐ Week 7: August 13- August 17 (Full Time) 7:30am- 5:30pm (\$195)
- ☐ Week 8: August 20- August 24 (Full Time) 7:30am- 5:30pm (\$195)

**SUBSIDY:** It is the sole responsibility of the enrolling parent to ensure all subsidy authorizations are in place prior to enrolment. The enrolling parent is responsible for paying fees in full until subsidy is approved and the Care Plan is received. Once the Care Plan is received, the enrolling parent will be reimbursed the difference. ☐

**PRE-AUTHORIZED DEBT AGREEMENT ATTACHED:** Upon initial registration, a pre-authorized debit agreement must be completed and returned to the Centre before your child's start date. All fees are due in full by pre-authorized Debit on the first of every month. ☐

Parents are strongly encouraged to register for all care services at this time. Doing so ensures your space and that child care receipts will be provided to you for tax purposes. Failure to register now will likely result in no vacancies being available later and you managing your own child care receipts.

By checking the boxes below I agree to:

- a) Pay for the service without further notice. The payment will be withdrawn through pre-authorized debit on the first of the corresponding month.
- b) Provide two months written notice to cancel enrollment in the service.
- c) To pay the full amount regardless of attendance.

Parent Signature: \_\_\_\_\_ Name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_



## Family Information

Enrolling Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Enrolling Parent's email: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Other Parent's Name: \_\_\_\_\_

Other Parent's email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Custody Restrictions? ☐ Yes ☐ No

If so please refer to the custody sheet attached: \_\_\_\_\_

Names of people not authorized to have access to your child: \_\_\_\_\_

**Emergency Contacts** (we will contact these people in order in case of emergency):

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Persons Authorized to Pick up Child** (your child will only be released to those named on this form and ID will be required at the time of pick-up):

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## Health

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

BC Medical Health Number: \_\_\_\_\_

Has your child had any serious health problems of which we need to be aware? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Does your child have any Special Needs? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Does your Child have a Special Needs worker at School? ☐ Yes ☐ No

If you answered yes, please arrange a meeting with the Family Programs Coordinator to fill out a Care Plan.

Does your child take any regular medications? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

You must also fill out a 'Permission to Administer Medication' form which is available upon request.

Have you noticed an allergy to any particular food or insects? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Special Diet/Food Preferences: \_\_\_\_\_

## Please indicate your child's swim level

\_\_\_\_\_ankles    \_\_\_\_\_knees    \_\_\_\_\_waist    \_\_\_\_\_shoulders    \_\_\_\_\_over the head

## Immunizations

Please indicate the dates on which immunization was administered. NOTE: Vancouver Island Health Authority requires these dates to be on file.

Please check box if you have chosen not to immunize your child ☐ Parent's Initial \_\_\_\_\_



	1st visit	2nd visit	3rd visit	12months	18months	5-6 years	Grade 6
<b>Diphtheria</b>				N/A			N/A
<b>Pertussis</b>				N/A			N/A
<b>Tetanus</b>				N/A			N/A
<b>Poliomyelitis</b>				N/A			N/A
<b>HIB</b>				N/A		N/A	N/A
<b>Measles</b>	N/A	N/A	N/A			N/A	N/A
<b>Mumps</b>	N/A	N/A	N/A			N/A	N/A
<b>Rubella</b>	N/A	N/A	N/A			N/A	N/A
<b>Hepatitis B</b>				N/A	N/A	N/A	

Is there any other information about your child that would be helpful for the staff in order to best care for your child? (Needs, concerns, interests, hobbies, etc.): \_\_\_\_\_

### Policies & Procedures

It is the parent's responsibility to know and adhere to the Fernwood NRG OSC policies and procedures as listed in the Parent Manual.

I have read and accept the policies and procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permissions

- 1) I hereby give permission for my child \_\_\_\_\_ to go on field trips arranged Fernwood NRG OSC (I understand that I will be informed in advance of any unusual field trips):  
☐ Yes ☐ No
- 2) I hereby give permission to have pictures taken of my child in the program setting for general record keeping and publicity purposes: ☐ Yes ☐ No
- 3) I understand that in case of accident or illness, if a parent or guardian cannot be reached, FNOSC will phone an ambulance and a staff will accompany your child to the hospital. I give my authorization for emergency health services.
- 4) I accept all responsibility for payment of all accounts rendered to my family.
- 5) I certify that the information given in this form is complete and true in every respect, and that I am the legal

Parent/Guardian of \_\_\_\_\_ Signature: \_\_\_\_\_

