



Camp Oaklands 2016 Registration Form

Child's Name: _____ Grade Completed *: _____

Parent or Guardian Names _____ Phone #: _____

Please check all weeks that apply.

Week	Camp Dates	5 – 7 Year Olds Kindergarten – Grade 1		8 – 11 Year Olds Grade 2- Grade 5	
		Weekly Theme	Weekly Fee	Weekly Theme	Weekly Fee
1	July 4-7 No Camp July 3 rd	Music Makers & Shakers	<input type="checkbox"/> \$141	Game Show Mania	<input type="checkbox"/> \$141
2	July 10-14	Buggin' Out	<input type="checkbox"/> \$175	Passport to Fun	<input type="checkbox"/> \$175
3	July 17-21	Colour Crazy	<input type="checkbox"/> \$175	Mission Impossible	<input type="checkbox"/> \$175
4	July 24-28	Animal Planet	<input type="checkbox"/> \$175	Movin' & Groovin'	<input type="checkbox"/> \$175
5	July 31- Aug 4	Treasure Hunters	<input type="checkbox"/> \$175	Wacky & Wonderful	<input type="checkbox"/> \$175
6	Aug 8-11 No Camp Aug 7 th	Oaklands Olympics	<input type="checkbox"/> \$141	Water Rush	<input type="checkbox"/> \$141
7	Aug 14-18	Space is the Place	<input type="checkbox"/> \$175	Island Explorers	<input type="checkbox"/> \$175
8	Aug 21-25	It's a Jungle In Here	<input type="checkbox"/> \$175	Camp Oaklands Got Talent!	<input type="checkbox"/> \$175
9	Aug 28-30 Closed Aug 31 - Sept 1	Happily Ever After	<input type="checkbox"/> \$107	Project Funway	<input type="checkbox"/> \$107

\$40 single day registration is available if numbers allow (call to inquire a week prior to the date needed)

FOR OFFICE USE ONLY				
Date	Method of Payment (\$, Cheque, Debit, V, MC)	Registration Dates (weeks or days)	Received By (initials)	Amount Paid

* Children who have not yet started kindergarten but are registered for 2017/18 school year will need to complete a Temporary Placement Application prior to being accepted into Oaklands Camps.



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Child Information

Surname First Middle

Address: _____
Street Postal Code

Phone# _____ Gender: _____ DOB: ____/____/____
Y M D

Child's First Language: _____ Second Language: _____

Parent /Guardian Information

Name: _____ Phone #: _____

Address: _____ Email: _____

Place of Work: _____ Phone #: _____

Name: _____ Phone #: _____

Address: _____ Email: _____

Place of Work: _____ Phone #: _____

OTHER CHILDREN LIVING AT HOME

Name: _____ Age: _____

Name: _____ Age: _____

PERSONS (OTHER THAN PARENT) AUTHORIZED TO PICK CHILD UP

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

PERSONS NOT PERMITTED ACCESS TO CHILD

Name: _____ Phone: _____

Name: _____ Phone: _____



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Has your child had previous experience away from home?
(Day care, preschool, Sunday school Etc.) _____ Yes _____ No

If so where?

Were there any special problems?

If your child has any health problems indicate what they are:

SPECIAL COMMENTS OR INSTRUCTIONS FOR CARE GIVER (check all that apply)

___ On special medication ___ Allergies ___ Vision or hearing problems

___ Food dislikes ___ Special eating habits ___ other (please specify)

___ Special diet (for reasons of health, religion, ethnicity)

Give comments regarding those items checked

If your child is on any type of medication (Asthma Inhalers or Epi-Pens) licensing requires us to have Medication Agreements and Emergency Care Plans in place. Please ask the Summer Camp Program Coordinator for these forms for your child's file.

Has your child been through any life changes that may affect his/her behavior here during Summer Camp?



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Emergency Permission

It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

I hereby authorize the staff at Oaklands Community Centre to call a medical practitioner or ambulance for my child, _____ in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

Date: _____ Signed: _____

Mother Name: _____ Contact Number: _____

Father Name: _____ Contact Number: _____

ALTERNATE PERSON TO CALL FOR PICK UP IN CASE OF EMERGENCY

Name/relationship _____ Phone #: _____

Name/relationship _____ Phone #: _____

BASIC IMMUNIZATION SCHEDULE	1 st visit @ 2 mo.	2 nd visit @ 4 mo.	3 rd visit @ 6 mo.	4 th visit @ 12 mo.	5 th visit @ 18 mo.	5-6 yrs.	Grade 6
Enter Date given							
Diphtheria	*	*	*		*	*	
Pertussis	*	*	*		*	*	
Tetanus	*	*	*		*	*	
Poliomyelitis	*	*	*		*	*	
Hib	*	*	*		*		
Measles				*	*		
Mumps				*	*		
Rubella				*	*		
Hepatitis B							***
Varicella (chicken pox)				*		* If not vaccinated or had disease	

Information supplied on this form is for the custody and control of the care facility. Collecting such information is required by the Child Care Licensing Regulations.

Personal Health #: _____

Family Doctor: _____ Phone #: _____

Family Dentist: _____ Phone: _____



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PARENTAL AGREEMENT

Thank you for enrolling your child in the Oaklands Summer in the city Day Camp program. Your child's enrollment is confirmed for the dates selected if the following policies are adhered to:

1. A deposit of 10% of the full fees is due at time of registration.
2. Fees are **fully paid** before the first week of camps - June 27, 2016.
3. For parents who receive subsidy, it is your responsibility to apply and ensure subsidy is in place for the dates your child is registered. A deposit of 10% of the total camp fees is due at time of registration and once subsidy is approved and applied the balance will need to be paid before the first week of camp – June 27, 2016. If subsidy has not been approved before June 27th FULL fees will need to be paid and once subsidy is approved it will be applied and a credit will be issued. – NO EXECPTIONS!
4. Our **cancellation policy** is as follows: You are required to provide notice in writing two weeks (14 days) prior to the first day of camp to receive a refund of camp fees.

The following Policies and Procedure are outlined in the Summer Camp Parent Handbook:

- Late Pick-up Policy
- Injuries and Illness Policy
- Food & Drink Policy
- Behavior/Guidance/Discipline Policy
- Supported Childcare Policy
- Communication Policy
- Conflict Resolution Policy
- Duty to Report
- Power Outage
- Safety and Emergency Procedures

I have read and understand the above agreement & policies.

Signature: _____ Date: _____



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OUT TRIP PERMISSION

I, _____ give permission to the staff of the Oaklands Community Association's Out of School Care Program, to take my child _____ on out trips or field trips that would require him or her to be away from the Oaklands Community Centre.

(Parent/Guardian Signature)

(Date)

SWIMMING PERMISSION

I, _____, give permission to the staff of the Oaklands Community Association's Out of School Care Program, to take my child _____ to swim in lifeguarded pools and lakes. My child is a:

- ___ Strong swimmer (deep water no problem/deep pool)
- ___ Capable swimmer (up to shoulder/shallow end on big pool)
- ___ Weak swimmer (waist deep/shallow end of big pool)
- ___ Non-swimmer (shallow water/small pool only)

(Parent/Guardian Signature)

(Date)

PHOTO PERMISSION

I, _____, give the Oaklands Out of School Care staff permission to take photos of my child, _____. It is my understanding that these pictures may be used to represent the Oaklands Community Association.

- ___ In-House Newsletters
- ___ Oaklands Community Association Promotional Material, including but not limited to the Activity Guide, Oaklands website, E-News and Social Media

(Parent/Guardian Signature)

(Date)