



CAMP REGISTRATION FORM

**Jul. 2 – Aug. 29, 2024 (9:00-4:00pm)
2626 Mayfield Rd, Caledon**

Child #1 Name: _____ M _____ F _____
Date of Birth: M _____ / D _____ / 20 _____ Age: _____ Grade: _____

Child #2 Name: _____ M _____ F _____
Date of Birth: M _____ / D _____ / 20 _____ Age: _____ Grade: _____

Child #3 Name: _____ M _____ F _____
Date of Birth: M _____ / D _____ / 20 _____ Age: _____ Grade: _____

Parent/Guardian:

Name: _____ Relationship: _____

Address: _____

Phone: (_____) _____ Cell: (_____) _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Phone: (_____) _____ Cell: (_____) _____ Email: _____

Emergency Contacts/Authorized to Pick Up

1. Name: _____ Relationship: _____

Phone: (_____) _____ Cell: (_____) _____ Email: _____

2. Name: _____ Relationship: _____

Phone: (_____) _____ Cell: (_____) _____ Email: _____

Medical Information

Allergies:/Medications: _____

Food restrictions: _____

Is an Epi-pen required for any allergy? _____

List any other information that you think would be valuable for Sand Castle’s staff to be aware of:

- Emergency Care Authorization (α): In the event that I am unable to be reached, I grant permission for staff to seek emergency medical services for my child.

Check the week(s) you are registering for:

<u>Weeks</u>	<u>4-5 yrs/6-12</u>
<input type="checkbox"/> Week 1 Jul. 2 – 5*	\$110.00/240.00
<input type="checkbox"/> Week 2 Jul. 8-12	\$129.95/275.00
<input type="checkbox"/> Week 3 Jul. 15 – 19	\$129.95/275.00
<input type="checkbox"/> Week 4 Jul. 22-26	\$129.95/275.00
<input type="checkbox"/> Week 5 Jul. 29 – Aug. 2	\$110.00/275.00
<input type="checkbox"/> Week 6 Aug. 6 – 9*	\$129.95/240.00
<input type="checkbox"/> Week 7 Aug. 12 – 16	\$129.95/275.00
<input type="checkbox"/> Week 8 Aug. 19 – 23	\$129.95/275.00
<input type="checkbox"/> Week 9 Aug. 26 – 29*	\$110.00/240.00

* Short weeks, 4 days instead of 5 due to statutory holiday or closure.

** Children under six receive the discounted government price listed.

Extended Care (Optional)

- Before (7:00-9:00am) \$20.00 p/w
- After (4:00–6:00pm) \$20.00 p/w
- Before and After – 30.00 p/w

* 1 Day care available at \$10.00 p/d

Registration

Submitting a registration form does not guarantee enrollment. Once the registration form is received you will be contacted to confirm space and arrange payment. A one-week deposit is required to reserve the spot, then payment according to our schedule. All activities, lunch and afternoon snacks are included in the price. Morning snack is included with Before Care.

Immunization: Circle one.

- ❖ I confirm that my child is immunized, and that I have provided my child's school and/or the local public health department with a current record of my child's immunizations.
- ❖ My child is NOT immunized and I have provided my child's school and/or the local public health department with the required documents that outline medical exemption, or objections on the basis of conscience or religious beliefs

Illness

- ❖ Children that have signs and symptoms of illness should remain at home until they are well enough to fully participate in the camp program. If a child becomes ill during the day, the parent(s)/guardian(s) will be contacted to pick up their child. Staff will provide the parent(s)/guardian(s) with information regarding when their child may return to care, according to guidelines established by local Public Health authorities. The parent(s)/guardian(s) are asked to report their child(ren)'s absence to staff due to illness or any other reason. Camp fees will not be refunded.

Code of Conduct (Client Conduct)

To promote a safe, comfortable, and happy atmosphere, each child and parent/guardian are at all times expected to:

- ❖ Be respectful of self, others, the environment (both indoor and outdoor), equipment, materials, and property.
- ❖ Communicate through listening and speaking in ways that attempt to resolve conflict in a peaceful manner. Abuse of any kind (verbal, physical, emotional etc.) is not tolerated.

If the Code of Conduct is broken, any or all of the following may apply: documentation of incident, meeting with parent/guardian, referral to PIRS, termination of service.

Employee/Volunteers

All staff, students, and volunteers have completed a vulnerable sector check, first aid/CPR and immunizations. Staff are mentored and monitored on an on-going basis to ensure that the approaches and strategies used, are being implemented in a manner consistent with our core values. Our educators encourage children to act in a respectful manner, appropriate to their developmental age and stage. Self-regulation is promoted and logical consequences is the preferred method of encouraging appropriate behaviour.

Fee Payment

Payments can be made through pre-authorized payment or e-transfer. A one-week deposit is required for parents to secure a spot. Refunds will not be issued for any days absent (including those due to vacation or illness).

Receipt of Payment

A receipt of payment will be issued after the year end for income tax purposes. This will be done by the end of February through the Lillio App. All parents/guardian will have access to the Lillio App upon registration.

Withdrawal/Cancellation

A refund will be issued when written notice is received at least two weeks in advance. The full amount, minus \$25.00 per child, will be returned. The total deposit will be forfeited when signed written notice is not provided at two weeks in advance of withdrawal.

Outings

I authorize my child(ren) to go on local trips, this may include walking trails through the forest, a petting zoo, splash pad, conservation park, or other places of amusement. Children will be transported by a school bus and monitored by Sand Castle’s trained and authorized staff.

Late Pick Up and Procedures

A late fee will be charged for time that staff is required to stay with a child after the centre closing. The late fee rate schedule is \$2 per minute. This late fee must be paid immediately to the staff present at the time. If staff are unable to reach the parent(s)/guardian(s) or the emergency contact(s) by 6:00 p.m., the Police and Children’s Aid Society will be contacted.

Custody Information

If a child is the subject of a custody dispute, the supervisor must be informed of the dispute in writing and provided with any final or temporary custody order, domestic contract, or separation agreement, which contemplate custodial arrangements or visitation.

Release of Children

Child(ren) will be released to the care of authorized persons listed on the Registration Form. Parent(s)/guardian(s) must inform staff of any changes in the pickup arrangement for their child(ren), and advise the authorized person that they will be required to show photo identification when picking up the child(ren).

Child Abuse Policy

In accordance with the Child & Family Services Act, it is the responsibility of every person in Ontario to immediately report to a Children’s Aid Society (CAS) if she/he suspects that child abuse has occurred or if a child is at risk of abuse. An individual’s responsibility to report cannot be delegated to anyone else. The centre does not investigate or lay blame; it simply reports and follows CAS directions. If a parent/guardian, staff, or other accuses a staff member of abuse, it is the duty of the individual making the allegation, and the centre, to report the accusation to the CAS and follow the direction given.

Photo Release

The undersigned gives permission to Sand Castle Childcare to use photographs, audio and/or video recordings of the camper for camp promotional purposes. Sand Castle respects the privacy of its campers and does not allow unauthorized visitors to photograph or video the camp or its participants. **Yes** or **No**

I have read and understand the terms and policies for Sand Castle’s Summer Camp program.

Parent/Guardian Name: _____ Signature: _____ Date: _____

PAYMENT TERMS

1 week deposit due with registration form.	1 st Payment deadline - June 1 st for the month of July.	2 nd Payment Deadline – July 1 st for the month of August.
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If funds are not received by the deadline, we will assume you no longer require the spot and the spot will be released.

of Child(ren) _____ Deposit due: _____

Remainder of Payment:

July \$ _____ August \$ _____ Method of Payment: Debit or Etransfer

Name of Account Holder _____

Institution # _____ Acct # _____ Branch _____ Pymnt Amt _____

Office Use Only: Date deposit is received: _____