

Beddington Heights Before and After School Program

Registration Form- Summer Camp

Name of Child: _____ Birthdate (Day/Month/Year): _____ Last Grade Attended: _____
Home Address for Child: _____ Circle: NW, NE, SW, SE Home # _____

Mother's Name: _____	Father's Name: _____
Home Address: _____	Home Address: _____
Circle: NW, NE, SW, SE Postal Code: _____	Circle: NW, NE, SW, SE Postal Code: _____
Home # _____ Cell # _____	Home # _____ Cell # _____
Name of Employer: _____	Name of Employer: _____
Address: _____	Address: _____
Circle: NW, NE, SW, SE Work #: _____	Circle: NW, NE, SW, SE Work #: _____
Family Email Address: (for newsletters, correspondence, program reviews etc.) _____	

Emergency/Alternate Contact

Name: _____	Address: _____	Circle: NW, NE, SW, SE	
Home # _____	Cell #: _____	Work #: _____	Relation to child: _____

Person(s) to whom your child MAY be released: _____
Person(s) to whom your child MAY NOT be released: _____
<i>Note: Court documents are required if a parent is listed in the may not be released category.</i>

Subsidy

_____ I currently have subsidy. Please provide child id number: _____
_____ I am planning to apply for subsidy. You must bring in or provide a copy of your approval by the 1 st day of camp.

1. Medical Information

Is there any relevant information about the abovementioned child's medical history (including allergies, medications, behavioural needs or patterns, serious illness, sensitivities or diet restrictions) that we need to know about?
Are the child's immunizations up to date? YES OR NO (circle one)

2. Declarations

- I have received (paper copy) or looked at (electronic copy) of a current Parent Handbook.
- I understand that it is my responsibility to ensure my child reports to his/her designated program in the morning by the time listed.
- I understand and will comply with the terms of ALL of the Beddington Heights Before and After School policies and procedures; which includes but is not limited to: **Child Guidance Policy, Operation Schedule, Registration and Fees, Health Policies and Emergency Procedures** to name but a few.
- If my child continues with inappropriate behaviour to the point where he/she is physically, emotionally, or verbally abusive to the children or staff, means for suspension and/or immediate program dismissal will be directly implemented and discussed with the parents. **Fees are non-refundable for children suspended or dismissed from the program.**
- Fieldtrips are a privilege that can be taken away due to inappropriate behaviour in which case parents will need to find alternate care for the day.
- Toys and games (which include electronics) are brought at your own risk. Staff and other children will not be held responsible for lost, stolen or damaged items.
- I understand that I must provide a LIFE JACKET if I feel my child needs one for the swimming fieldtrips. Staff will ensure it is worn.
- **I understand that I must give 2 weeks' notice if I am withdrawing my child from care or I will forfeit my weekly fee.**

3. Fieldtrip Consent: Please read this form carefully and be aware that in registering your child for participation in this program, you will be waiving and releasing all claims for injuries your child might sustain arising from this program for the entire time they are registered in the program. I hereby agree as follows:

- I fully understand and acknowledge that: (a) risks and dangers exist in my child's participation in fieldtrip activities; (b) my child's participation in such activities may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including all risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.
- I agree to waive and relinquish all claims my child or I may have as a result of participating in the program against the Beddington Heights Before and After School Program, its employees and Child and Family Services. I do hereby fully release and discharge the Beddington Heights Before and After School Program, its employees and Child and Family Services from injuries, including death, damage, or loss which I or my child may have or which may occur to me or my child on account of their participation in the program.
- I understand that all fieldtrips will be posted (with the following information: where they are going, what they need to bring, which Staff will be accompanying and when they will return) at least one week in advance in my child's room. I understand that all bussing requirements are done thru First Student Canada Bus Line.

Waivers:

1. **Medical:** I hereby consent to any medical attention (emergency or otherwise), care or treatment considered necessary by the Manager, Directors or any other responsible adult. This will be effect for the entire time my child is registered within the program (which could be a maximum of 7 years).
2. **Declarations:** I acknowledge, understood and will comply with all of the above information fully and by signing it agree to follow all policies and procedures during the entire course of required childcare during the summer months with Beddington Heights Before and After School Program.
3. **Fieldtrip Consent:** I acknowledge, understand and will comply with the above information fully and by signing it agree. It is my intention to grant permission for my child to participate in all fieldtrips with the Beddington Heights Before and After School during their time within the program and to assume and accept all risks associated there within. I also understand that if I do not want my child to attend said fieldtrip then care WILL NOT be provided for the times the other children at not at the center and I will be responsible for alternate childcare arrangements. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

Parent Signature: _____ **Dated:** _____ **BASP Office:** _____