



# Oaklands - 2018 Spring Break Registration Form

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

Full Camp March 19-23	Primary Grade K-1	<input type="checkbox"/> \$175	Intermediate Grade 2-5	<input type="checkbox"/> \$175
Full Camp March 26-29	Primary Grade K-1	<input type="checkbox"/> \$140	Intermediate Grade 2-5	<input type="checkbox"/> \$140
Total Amount Due	\$ _____		\$ _____	

## Single Day Registration opens March 12, 2018

Single Day March 19	<b>Hunting High + Low</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 19	<b>Amazing Race Adventure</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 20	<b>Mad Science</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 20	<b>Science &amp; Nature</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 21	<b>Beacon Hill Park Picnic</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 21	<b>Oaklands Bake-off!</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 22	<b>How Does Your Garden Grow</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 22	<b>Buggin' Out</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 23	<b>Bubbles &amp; Chalk</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 23	<b>Millstream Mini Llamas</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 26	<b>Teddy Bear Picnic</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 26	<b>Picnic In the Park</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 27	<b>Bouncing Bunnies</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 27	<b>Crafty Creations</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 28	<b>Dance Party</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 28	<b>Underwater Adventures</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Single Day March 29	<b>Llamas In Pajamas</b>	Primary Gr K-1	<input type="checkbox"/> \$45	Single Day March 29	<b>An Egg-stra Special Day</b>	Intermediate Gr 2-5	<input type="checkbox"/> \$45
Total Amount Due		\$ _____		Total Amount Due		\$ _____	

- Please note that we try our best to stay with the scheduled program planning however it is subject to change.

**Staff Only: Date of Enrollment** \_\_\_\_\_  
**Payment rec'd by** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
**Parent Package Policy Agreement Signed**      Y    N

Child Information

\_\_\_\_\_  
Surname First Middle

Address: \_\_\_\_\_  
Street Postal Code

Phone# \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Y M D

**Parent /Guardian Information**

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Phone #: \_\_\_\_\_

**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: \_\_\_\_\_

**OTHER CHILDREN LIVING AT HOME**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

If so, where and were there any special problems?

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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.

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

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ALTERNATE PERSON TO CALL FOR PICK UP IN CASE OF EMERGENCY**

Name/relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

Name/relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

**BASIC IMMUNIZATION SCHEDULE**

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

Personal Health #: \_\_\_\_\_

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

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**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

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

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**Hot Lunch Option** – This year we are offering families the option to order hot lunches for a small fee. If you are interested in this option, please check off which lunches you would like your child to have on the dates they are with us. Lunches are \$5 each. Hot Lunch orders are not refundable, and we have the right to change the menu if needed – a lunch will still be provided.

<b>Week 1</b>	<input type="radio"/> March 19 Mac + Cheese	<input type="radio"/> March 20 Fish Sticks	<input type="radio"/> March 21 Picnic Lunch (Cheese, Crackers, Fruit, Yogurt)	<input type="radio"/> March 22 Hot Dog (Beef)	<input type="radio"/> March 23 Cheese Pizza
<b>Week 2</b>	<input type="radio"/> March 26 Picnic Lunch (Cheese, Crackers, Fruit, Yogurt)	<input type="radio"/> March 27 Grilled Cheese	<input type="radio"/> March 28 Pasta + Sauce	<input type="radio"/> March 29 Perogies	<input type="radio"/> March 30 No Camp
All hot lunches will be supplemented with a daily veggie or fruit option.					
<b>Total Amount Due:</b> _____					

## PAYMENT AGREEMENT

Thank you for enrolling your child in the Oaklands Camps. Fees are due at time of registration.

Your child's enrollment is confirmed as long as the following policies are adhered to:

1. Fees are due at time of registration and can be paid in person by cash, cheque, debit or credit card, or by telephone using a credit card.
2. For parents who receive subsidy, it is your responsibility to ensure that your authorization is current and correct. Full fees are due until subsidy is approved and then a credit will be issued.
3. NSF fees are \$25 for any cheque payment returned as Nonsufficient Funds or Account Closed.
4. Our **cancellation policy** is as follows: 1 month notice of cancellation before start date for a full refund. 2 weeks cancellation notice before start date – refund less \$25 charge. Under 2 weeks' notice – no refund. Failure to provide notice will result in full fees being charged.
5. **We have the right to change programming or cancel camps due to low registration. Families will be notified by March 2, 2018 if camp is cancelled and full refunds will be provided.**

**I have read and understand the above policies.**

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

You have certain rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

All policies and procedures are outlined in the Out-of-School Care Program Handbook which is available on our website, under the child care, Out of School Care Program.

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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)

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 will only be used in the centre to represent the Out of School Care Program.

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