



# Oaklands - 2018 Winter Break Registration Form

Dates	Kindergarten – Grade 5
Full Camp Jan 2 -5, 2018	<input type="checkbox"/> \$140
<b>Single Day Registration opens November 27<sup>th</sup>, 2017</b>	
Single Day – Jan 2 Downtown Delights	<input type="checkbox"/> \$45
Single Day –Jan 3 Winter Wonderland	<input type="checkbox"/> \$45
Single Day – Jan 4 We all scream for ICE CREAM	<input type="checkbox"/> \$45
Single Day – Jan 5 Freak Friday	<input type="checkbox"/> \$45

Child Information

Grade: \_\_\_\_\_

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 #: \_\_\_\_\_

<b>Staff Only: Date of Enrollment</b> _____ <b>Payment rec'd by</b> _____ <b>Amount \$</b> _____ <b>Parent Package Policy Agreement Signed</b> Y    N
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**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?

\_\_\_\_\_  
\_\_\_\_\_

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?

\_\_\_\_\_  
\_\_\_\_\_

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

Mother Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father 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: \_\_\_\_\_

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.

**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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## 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 December 8<sup>th</sup>, 2017 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: \_\_\_\_\_