

PA Day Camp and March Break 2019/2020



Name of Child: _____

Date of Birth: _____ Gender: Male Female

School: _____ Age: _____ Grade: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ Street: _____ Unit #: _____ Postal Code: _____

Primary Phone Number: _____ Contact Name: _____

Alternate Phone Number: _____ Contact Name: _____

Email Address (optional): _____ **YES!** Sign me up for email Newsletter: _____

Emergency Contact: _____ **Relationship:** _____

Primary Phone Number: _____ **Alternate Phone Number:** _____

*Please note that **the Emergency Contact must be someone other than the participant's parent(s) or legal guardian(s).***

In the event of an emergency or program cancellation, the person named above will be contacted only if we have been unable to reach the participant's parent(s) or legal guardian(s)

Please select one of the following options:

- My child has permission to walk home on their own at the end of program
 My child will be picked-up at the end of program by one of the individuals listed below

Please list anyone whom your child has permission to be picked up by (including parent(s), legal guardian(s), and/or siblings). Your child will ONLY be released to those listed. Identification may be requested by Staff.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Does your child have any known allergies (food, drug, environmental) or any dietary restrictions? Yes No

If yes, please list: _____

Is your child currently taking any medication on an ongoing basis or does he/she carry any emergency medication? Yes No

If yes, please list: _____

We want your child to have a fun and safe program experience. To help us achieve this we would like you to answer these questions or speak to staff.

Does your child have any special needs or physical limitations that staff should be aware of? Yes No

If yes, please comment: _____

Does your child have the support of an EA, IEP or IPRC at school? Yes No

If yes, please comment: _____

Please indicate which program you are registering for:

PA Day Camp

- + Wonderful World of Wizardry September 27 []
- + Monster Mash Madness Nov 1 2019 []
- + Hawaiian Hullabaloo Nov 29 2019 []
- + Frost Frenzy Jan 31 2020 []
- + Wild Wild West Apr 24 2020 []
- + A Bugs Life June 5 2020 []

Times: 8:00 am – 4:00 pm

Cost: \$30.00 per child per PA Day Camp

Late pick up to **5:00pm** is available for an extra cost of \$5.00 per child

March Break 2019

March 16-March 20 2020 [] -Theme TBD

The cost for March break is \$150.00 per child. The cost includes 1 swim, a daily afternoon snack and a hot lunch provided on Friday. The hours are 8:00am-4:00pm. Extended care available Until 5:00pm for an additional cost of \$5.00 a day per child.

Payment

The Neighbourhood Group believes that quality children's experiences should be financially accessible, and so we have set our fee on a sliding scale. A sliding fee means that families pay different amounts for the same service. The cost for the RASP is \$14 per child per day, the Neighbourhood Group subsidizes fees below this amount to the best of our ability.

Everyone's financial situation is different. We are not requiring any parents to show proof of income. Please consider your budget when discussing what you can pay with the Coordinator and also how much you value the programs being offered by the Neighbourhood Group. All financial information is strictly confidential between parents and the Neighbourhood staff. There are a limited number of subsidized spaces. If any questions please email our Children's Program Coordinator Amanda Roberts at amanda@westwillowvillage.ca

*A cheque may be made out to the "West Willow Village Neighbourhood Group"
NSF cheques will be subject to a non-refundable fee of \$5.00. All program fees are non-refundable.*

**Payment plans and Other Agency Subsidies are available;
please speak to Amanda Roberts, Children's Program Coordinator 519 826 9930.**

By signing below, I agree to the following:

I hereby allow my child's name and photograph to be posted/displayed in the program facility and to be released to the media for the purpose of program publicity. **YES [] NO []**

I hereby authorize program staff to administer emergency first-aid and seek medical treatment or hospital care in the event that a serious injury or illness is incurred while under their care and agree to cover any resulting expenses.

I understand that any agents, employees, members, and directors of the West Willow Village Neighbourhood Group, and the West Village Community Development Co-operative Ltd are not responsible for the loss or damage of any participant's personal property nor are they responsible for any injuries incurred during program activities.

I understand that program staff and volunteers are not responsible for my child prior to their arrival at program and after their departure from program.

I understand that all Staff reserve the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have consistently rejected the reasonable behavioural expectations of the program. I also understand all participants are bound to the West Willow Village Code of Conduct, and the steps which Staff will take if behavioural challenges persist.

Parent/Guardian Signature

Date

The personal information on this form is collected and retained in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for administration of the West Willow Village Neighbourhood Group programs. At no time will your personal information be disclosed without your express written consent.

***If you have any questions you may contact the West Village Community Development Co-op Ltd,
(519) 826 9930 or by email at info@westwillowvillage.ca***