

# SAN ROMANOWAY REVITALIZATION ASSOCIATION SUMMER CAMP REGISTRATION FORM 2022

*Please submit a separate registration form for each child*

Please complete **all** Sections (**PRINT CLEARLY**)

<b>PART A</b>	<b>PERSONAL DETAILS</b>
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How many children will you be registering? \_\_\_\_\_ Number of Session \_\_\_\_\_ (maximum 8 sessions)  
Reg. Date \_\_\_\_\_

**Dates attending: (please indicate all that apply)**

**SESSION 1: July 4 – 8      SESSION 2: July 11 – 15      SESSION 3: July 18 – 22**

**SESSION 4: July 25 – 29      SESSION 5: August 2 – 5      SESSION 6: August 8 - 12**

**SESSION 7: August 15 - 19      SESSION 8: August 22 -26**

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian: - **(Primary contact)**      **Relation to child:** \_\_\_\_\_

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_ Email: \_\_\_\_\_

**PAYMENTS: MUST BE MADE IN FULL PRIOR TO START OF REGISTERED SESSIONS**

Payment can be made by cash, debit, VISA/Master Card **ONLY**. Sorry, no cheques accepted.

**FOR OFFICE USE**

PAYMENT RECEIVED: \_\_\_\_\_

REGISTRATION ENTERED: \_\_\_\_\_

EMERGENCY CONTACT COMPLETED: \_\_\_\_\_

**PART B**

**REGISTRATION**

• The fee will be **\$50.00 per session** for each child. The Camp starts July 4<sup>th</sup>, 2022 until August 26<sup>th</sup>, 2022.

• **The summer camp hours will be 7:30 AM until 5:30 PM**

**Late fee charge:** Summer Camp will be **closed promptly at 5:30 PM**, picking up children should be arranged before this time. Failure to do so will result in a late fee charge. For every minute you are late there will be a one-dollar charge. This applies even if you call the office ahead of time to notify us of your lateness. (The charge will be per child and not per family. Example: parents of more than one child in the program comes at 5:35 pm (5 minutes late) – the charge is \$5.00 X number of children registered, etc.)

**PART C**

**MEDICAL INFORMATION**

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1. Does your child have any allergies/medical condition(s)?

If yes, please explain: \_\_\_\_\_

2. Will your child be carrying or requiring any prescribed medication to be taken/administered at Summer Day Camp?

If yes, please explain: \_\_\_\_\_

3. Does your child have any health or behavioral conditions we should know about? (For example, diabetes, heart disease, hearing difficulties, emotional/behavioral concerns, learning difficulties, etc.)

If yes, please explain: \_\_\_\_\_

4. Is there anything else related to camp that you'd like us to know, which will help us give your child a positive experience?

If yes, please explain:

5. Health Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Expiry Date \_\_\_\_\_

6. Doctor's Name \_\_\_\_\_ Doctor's Telephone # \_\_\_\_\_

**PART D EMERGENCY CONTACT**

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**PART E AUTHORIZATION TO PARTICIPATE**

- I hereby give consent for my child to participate in the San Romanoway Revitalization Association 2021 Summer Day Camp.
- In case(s) of emergency for medical treatment during their participation, I hereby give permission for treatment to be administered by staff or a physician in the emergency care unit selected by the San Romanoway Revitalization Association.
- I further release the San Romanoway Revitalization Association from all claims and damages due to accident or injury, because of my child’s participation in the program.
- I will ensure that each day, a responsible adult will accompany my child to and from SRRA. SRRA will not be held responsible for children who come to or leave the program alone.
- My child (ren) will be attending camp from 7:30 a.m. to 5:30pm each day Yes  No

**IMPORTANT**

- Registration is not complete until full payment and a consent form is received.
- Please ensure that you receive a Parent Handbook.
- The Camp **will not** operate on Statutory Holidays.

I have read, understood and agree to the conditions stated above.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- **Photo release:** I authorize the San Romanoway Revitalization Association to take photos of the listed participants at their program for publicity & promotional purposes only.

Yes  No

X \_\_\_\_\_  
Signature

<b>PART F                      CONSENT TO PICK-UP AND RELEASE CHILD FROM PROGRAM</b>
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- For the safety of your child, please include complete and correct information on person(s) authorized to pick up your child.
- Please remember, appropriate individuals must be at least 16 years of age.
- Identification will be required if staff are unfamiliar with a person arriving to pick up your child.
- Children will not be released from program to anyone other than those listed below.
- The primary parent/guardian must contact program staff if there will be any changes to who may or may not pick up your child.
- Children are not permitted to leave program on their own or with other children/siblings (under the age of 16).
- We Thank You for your understanding and cooperation.

**PLEASE PRINT**

Name of child: \_\_\_\_\_

I, \_\_\_\_\_, parent/legal guardian of the above named child, hereby consent to have my child picked up by any of the following individuals:

<b>Name</b>	<b>Relation to Child</b>	<b>Phone #</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Parent's Signature</b>	<b>Witness</b>	<b>Date</b>
_____	_____	_____