

SAN ROMANOWAY REVITALIZATION ASSOCIATION SUMMER CAMP REGISTRATION FORM 2022

Please submit a separate registration form for each child

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

PART A	PERSONAL DETAILS
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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 4th, 2022 until August 26th, 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

PART F	CONSENT TO PICK-UP AND RELEASE CHILD FROM PROGRAM
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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:

Name	Relation to Child	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature	Witness	Date
_____	_____	_____

Once completed:
Save form and send to: sra@rogers.com