



Summer Day Camp Registration Form 2023

Child's Name: _____
Gender: _____ Age: _____ Date of Birth: Month: _____ Day: _____ Year: _____
School they attend: _____ Are they currently in our After School Program: _____

Mailing Address Including Postal Code

Family Doctor: _____ Phone: _____

Health Card #: _____

Allergies/Illnesses/Medication

Does your child have any allergies to Food/Drug/Environmental Etc.) YES _____ NO _____

If yes, please indicate each allergy and the treatment required.

Does your child have any illnesses/ medical diagnosis/behavioral issues that we should be aware of?

YES _____ NO _____

If yes, please describe the illness and what we should be aware of regarding it ie: treatment etc..

Does your child taken medication on a daily basis? Is it required during program hours? Yes _____ NO _____

If yes, please explain



Parent/Guardian Information:

Mother/Step Mother/Guardian: _____
Home# _____ Work # _____ Other# _____
Email: _____
Employer: _____

Father/Step Father/Guardian: _____
Home# _____ Work # _____ Other# _____
Email: _____
Employer: _____

Emergency Contact (other than Parents):

Name _____
Home# _____ Work # _____ Other# _____
Relationship to Child: _____

Name _____
Home# _____ Work # _____ Other# _____
Relationship to Child: _____

Name _____
Home# _____ Work # _____ Other# _____
Relationship to Child: _____



Persons Authorized to pick up child other than Parents or Emergency Contact:

Permission to Photograph

I _____ give permission to BGC Yarmouth to photograph my child/ren,
 _____ for the following purposes:

Type of Use	Grant Permission (Initial and Date)	Decline Permission (Initial and Date)
Display in Center such as centerscrap books, bulletin boards etc		
Display in Center Pamphlets, Brochures, Flyers, Poster Boards, Presentations, for training or advertising purposes etc		
Display on Center Website or Facebook Page		
Display in Community Newspaper for advertising purpose		

Outings Permission Form

I _____ give permission to BGC Yarmouth to bring my child/ren
 _____ on outings within the community. I understand that no form of transportation will be used during these outings and that children will walk. If an emergency were to happen they have my permission to take my child/ren to the hospital.



Health and Safety

I _____ understand that BGC Yarmouth must adhere to all Public Health protocols and procedures in order to provide a safe and healthy environment for my child/ren. I as the parent/guardian must respect and adhere to these protocols and procedures and do my part to help stop and minimize the spread of COVID-19. I understand and agree that my child is unable to attend Summer Day Camp if they are unwell. If my child becomes unwell at camp, I will be phoned and must immediately make arrangements to pick up my child. I will speak to my child regarding hand washing procedures and the importance of good hand hygiene.

(parent/guardian)

(date)

emergency authorization consent

Permission is given to have my child taken to the hospital in the event of an accident or sudden illness. I consent to an ambulance being called to transport my child to a nearby emergency department. I further agree to pay all costs incurred for transportation.

Signature

Date

Terms of Agreement

- ***I understand that the Summer Day Camp Program is a program that is ran by Summer Grant Students, not formally trained ECE's. The staff are mentored by senior staff but do not necessarily have experience or formal training in dealing with challenging behaviors. This is a new experience for some and they are here to learn and grow as young leaders. Please be mindful that we are here to provide a wonderful experience for not only your children but to also shape future youth's work experience.***
- I understand that once contacted by BGCY that my child/ren are enrolled that full payment for all days will be required including the \$40.00 registration fee. Sunscreen will be provided by BGCY.
- Two Snacks will be provided daily and a lunch Tuesday to Friday (no lunch Mondays), I understand that this service is provided to me through grants and community donations. If my child does not like what is being served for lunch, I must provide lunch




for my child, no alternative options provided. I also understand that the foods served will be a mixture of healthy and some not so healthy options.

- I understand that payment preference will be E-transfer or Debit/Credit, cash will not be accepted. E-transfer sent to bgcymangement@gmail.com. Please include your child's name in the memo.
- I understand that NO REFUNDS will be provided, no exceptions.
- I understand that my child cannot attend camp if they are feeling unwell or have any COVID-19 symptoms.
- I agree to follow all health and safety protocols, put in place by BGCY to maximize the safety of all participants and the community.
- I understand that BGCY is not responsible for lost or stolen belongings, children are responsible for their own belongings.
- I hereby authorize staff to secure such medical advice and services as may be deemed necessary for the health and safety of my child/ren. Parents are liable for any cost incurred (ambulance cost).
- I understand that operating hours will be 8:00 to 5:30. If you require care prior to 8 arrangements can be made for an earlier drop off of 7:50 at an additional fee. These's arrangements need to be made in advance and will not happen on the day of.
- If I am late picking up my child/ren, I will be charge \$5.00 for the first minute and \$1.00 for every minute late per child. This is to be paid to the staff upon pick up.
- I understand that BGC Yarmouth has a ZERO tolerance for violence. If my child is being violent I will be called to come and pick them up and depending on the severity, my child may not be able to return.

I have read and understand the terms above. I am in agreement to these terms and agree to abide by them.

(parent/guardian)

(date)

 Week	Cost		Full Week	Part Time Days	
	Full Week	Part Time			
Registration Fee	\$40.00	\$40.00			
One- June 29, 30	\$40.00/Week	\$23.00/Day			
Two- July 4-7 Closed July 3	\$80.00/Week	\$23.00/Day			
Three- July 10-14	\$100.00/Week	\$23.00/Day			
Four- July 17-21	\$100.00/Week	\$23.00/Day			
Five- July 24-28	\$100.00/Week	\$23.00/Day			
Six- July 31-Aug 4	\$100.00/Week	\$23.00/Day			
Seven- Aug 8-11 Closed Aug 7	\$80.00/Week	\$23.00/Day			
Eight- Aug 14-18	\$100.00/Week	\$23.00/Day			
Nine- Aug 21-25	\$100.00/Week	\$23.00/Day			
Ten- Aug 28-30	\$60.00/Week	\$23.00/Day			
Total for Full Summer	\$900.00				

Emergency Contact and Medical Information

Child's Name		Date of Birth	M <input type="checkbox"/> F <input type="checkbox"/>
Parent's/Guardian's Name		Parent's/Guardian's Name	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, Province, Postal Code		City, Province, Postal Code	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Phone	Phone	Phone	Phone
Relationship to Child		Relationship to Child	

Medical Information

Physician's Name	Phone Number
Health Card Number	
Allergies/Special Health Considerations	

Persons Authorized to pick up