



## Summer Day Camp Registration Form 2024

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 purposesetc		
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 \$50.00 registration fee.
- 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](mailto: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 belonging's, 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 7:45 to 5:15.
- 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.

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(parent/guardian)

-----  
(date)

 Week	Cost		Full Week	Part Time Days	
	Full Week	Part Time			
Registration Fee	\$50.00	\$50.00			
One- June 27, 28	\$50.00/Week	\$27.00/Day			
Two- July 2-5 Closed July 1	\$100.00/Week	\$27.00/Day			
Three- July 8-12	\$125.00/Week	\$27.00/Day			
Four- July 15-19	\$125.00/Week	\$27.00/Day			
Five- July 22-26	\$125.00/Week	\$27.00/Day			
Six- July 29-Aug 2	\$125.00/Week	\$27.00/Day			
Seven- Aug 6-9 Closed Aug 5	\$100.00/Week	\$27.00/Day			
Eight- Aug 12-16	\$125.00/Week	\$27.00/Day			
Nine- Aug 19-23	\$125.00/Week	\$27.00/Day			
Ten- Aug 26-28	\$75.00/Week	\$27.00/Day			
<b>Total for Full Summer</b>	\$1125.00				

### Emergency Contact and Medical Information

_____ Child's Name		_____ Date of Birth	M <input type="checkbox"/> F <input type="checkbox"/> Sex
_____ 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