

GET CREATIVE

SUMMER ART DAY CAMP 2019

www.get-creative.net | Camp Co-ordinator: Alexis Shuffler

Please send completed forms to a.b.shuffler@gmail.com.

One form per participant: complete a separate form for all siblings.

REGISTRATION FORM

Invoice/Registration Number: _____

Guardian/Parent Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone Number: _____ Work Number: _____

Child Name: _____ Date of Birth: _____ M / F

Registered Siblings (if any): _____

Person(s) Authorized to Pick-up Child (include mother/father/guardian)

1. Name: _____ Tel/Cell Number: _____

Relationship with Child: _____

2. Name: _____ Tel/Cell Number: _____

Relationship with Child: _____

3. Name: _____ Tel/Cell Number: _____

Relationship with Child: _____

MEDICAL & EMERGENCY INFORMATION

Family Doctor: _____ Phone: _____

Address: _____

Does your child have any allergies, disabilities, chronic conditions, or illnesses we should know about? Yes/No

If yes, please specify. In case of an emergency, please indicate to us anything that we should be aware of about your child's health or medical condition.

LIFE-SAVING MEDICATION. Please list the name of the medication, possible side effects, administration schedule, dosage, storage instructions, and any special instructions for taking the medication: _____

Other medications: _____

EMERGENCY CONTACTS

Contact #1: _____

Relationship with Child: _____ Tel/Cell Number: _____

Contact #2: _____

Relationship with Child: _____ Tel/Cell Number: _____

Contact #3: _____

Relationship with Child: _____ Tel/Cell Number: _____

By signing this agreement, I understand that Ms. Alexis Shuffler (Camp Co-ordinator) is not a trained health professional and the assistance of administration of LIFE-SAVING medication is being provided on a voluntary and gratuitous basis. I agree to assume full legal liability for all risks involved in having Ms. Shuffler assist with the administration of LIFE-SAVING medication to the named participant. I agree that, in the event of an emergency, if the contact persons listed above cannot be reached, permission is given to secure emergency medical treatment, including hospitalization, as deemed necessary, for the named participant, and to arrange related transportation. I agree to provide Ms. Shuffler with any LIFE-SAVING prescription medication in the original container dated, labelled, and supplied by the pharmacist. The label will contain the patient's name, the physician's name, the name of the medication, the dose, the medication route, the schedule for administration, and instructions for storage. I authorize, in the case of medical emergency, Ms. Shuffler to assist the participant named below in the administration of his/her own LIFE-SAVING medication. 911 will be contacted if the incident is life-threatening.

Name (parent/guardian): _____

Signature (parent/guardian): _____

Participant Name: _____ Date: _____

CONSENT FORM/PARENT POLICY

Please checkmark or initial each line to indicate you've read and understood.

PROGRAM HOURS

___ 9:00am—4:00pm. Drop-off is between 8:30am—9:00am and pick-up is by 4:00pm.

___ A late fee of \$10.00/day will be charged if your child is not picked up by 4:00pm.

___ Fees are due 10 days after confirmed registration or before the beginning of the registered program, whichever comes first. Exceptions only for pre-discussed and approved payment plans.

___ Once fees have been paid, refunds are subject to a \$10/day/child cancellation fee.

___ If fees are not paid by the due date, you agree to forfeit your spot in the class(es) you've registered for.

___ \$30.00 will be charged for any N.S.F. checks.

MEDICAL

___ Any food allergies have been made known to the staff.

___ A First-Aid certified program staff will be on site at all times.

___ If my child becomes ill while at the camp, I will be notified immediately. In case staff is unable to reach me, they will notify an emergency contact.

___ In case no emergency contacts can be notified, staff will contact a physician or ambulance if necessary.

___ I authorize the staff to take any action necessary in the event that my child becomes ill or has had an accident which requires medical attention. Any fees incurred will be the responsibility of the parent/guardian.

___ In case of injury to my child while in the care of the Get Creative! Summer Art Camp. I hereby waive all claims against the program and camp co-ordinator Alexis Shuffler.

___ I will not send my child if he/she is ill or injured. I will let staff know if my child will not be in attendance as soon as possible, and at least by 9:00am at (905)484-3875.

BEHAVIOUR

___ In case of unacceptable behaviour or arising conflicts between participants, all program staff reserve the right to administer time outs and perform conflict resolution without the use of physical or violent action. This may include discussing emotions, apologizing between participants, and presenting fair solutions.

___ Parents/guardians will be informed if their child was involved in a conflict or displayed unacceptable behaviour which needed to be dealt with.

___ Staff recognizes that not all children are suited to the program. Staff also recognizes that they may not have the expertise or resources to deal with all possible problems that may arise. As a last resource, staff reserves the right to remove my child from the centre and/or call for immediate pick-up by me or a registered contact.

___ If my child repeatedly displays unacceptable or violent behaviour, especially if they deemed possibly harmful to other participants, the program reserves the right to not allow the participant to return to the program and its classes.

OUTINGS

___ I give permission for my child _____ to participate in outings/field trips and travel by foot.

___ Your child should wear play clothes, as the program will be doing various arts, crafts and outdoor activities.

___ Your child should come prepared for outdoor activity, including having sun screen and/or headwear, and appropriate footwear.

PHOTO PERMISSION

___ I give permission for my child _____ to be photographed by the program. I give permission to the program to use these photos for advertising, publicity and/or for use with the children.

EMERGENCY PROCEDURE

___ In the case of an emergency (i.e. fire), children will be evacuated to the corner of 15th Ave S and 2nd St S in a safe and calm manner. 911 will be called if necessary and we will only re-enter the building when it has been cleared as safe.

FOOD

___ Participants are requested to bring a filled water bottle, nutritious lunch and, optionally, one or two snacks from home each day. Good nutrition is emphasized, and we discourage sweet treats from being brought to camp.

___ If a child in the program has any food allergies we can inform the families of all participants and ask for that/those particular food(s) to not be brought into the program, if requested by the parent/guardian.

Ultimately, the care of the child is the parent/guardian's responsibility.

Name (parent/guardian): _____

Signature (parent/guardian): _____

Date: _____