



## Eyes Summer Camp 2022 Registration Request Form

<b>FAMILY NAME:</b> _____	<b>CAMP LOCATION:</b> _____
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Please check (✓) the weeks for which you wish to register each child:

\* indicates short week containing statutory holiday

<b>Child 1 Name:</b>								
1	2	3	4	5*	6	7	8	9
Jul 4- Jul 8	Jul 11- Jul 15	Jul 18- Jul 22	Jul 25- Jul 29	Aug 1- Aug 5	Aug 8- Aug 12	Aug 15- Aug 19	Aug 22- Aug 26	Aug 29- Sep 2

<b>Child 2 Name:</b>								
1	2	3	4	5*	6	7	8	9
Jul 4- Jul 8	Jul 11- Jul 15	Jul 16- Jul 20	Jul 25- Jul 29	Aug 1- Aug 5	Aug 8- Aug 12	Aug 15- Aug 19	Aug 22- Aug 26	Aug 29- Sep 2

<b>Child 3 Name:</b>								
1	2	3	4	5*	6	7	8	9
Jul 4- Jul 8	Jul 11- Jul 15	Jul 16- Jul 20	Jul 25- Jul 29	Aug 1- Aug 5	Aug 8- Aug 12	Aug 15- Aug 19	Aug 22- Aug 26	Aug 29- Sep 2

<b>Child 4 Name:</b>								
1*	2	3	4	5*	6	7	8	9
Jul 4- Jul 8	Jul 11- Jul 15	Jul 16- Jul 20	Jul 25- Jul 29	Aug 1- Aug 5	Aug 8- Aug 12	Aug 15- Aug 19	Aug 22- Aug 26	Aug 29- Sep 2

**Please Note:**

Your child(ren) will not be considered registered until this form is received along with:

- A completed and signed Summer Camp *Contract* (one per family)
- A completed and signed *Personal Information Form* (one per child)
- A deposit in the amount of total of one week's fees (per child) made payable immediately via e-transfer to "info.ilderton@eyesdaycare.com". (to be applied to the last week of camp for which each child is registered)

\* A copy of all signed forms should be provided to applicants.

## Personal Information Form

Any changes to the information on this form must be communicated to the center in writing. Attach additional pages as required.

### CHILD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### FIRST PARENT/GUARDIAN

Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

### SECOND PARENT/GUARDIAN

Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

### CUSTODY

Special Arrangements: Yes  No  Custody Order Provided: Yes  No

Details: \_\_\_\_\_

### FIRST EMERGENCY CONTACT (AUTHORIZED TO PICK UP CHILD)

Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### SECOND EMERGENCY CONTACT (AUTHORIZED TO PICK UP CHILD)

Relationship to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### ALLERGIES AND IMMUNIZATION:

Child's Allergies: \_\_\_\_\_

Requires Epi Pen: Y  N



Other Conditions: \_\_\_\_\_

Please ( ) if your child has had any of the following communicable diseases:

- Measles     Mumps     Rubella     Chicken pox  
 Whooping cough     Hepatitis

**Emergency Care Authorization:**

In the event that I am unable to be reached, I grant permission for staff to seek emergency medical services for my child.

**IMMUNIZATION RECORD:** Please check ( )

I confirm that my child is immunized, and that I have provided my child's school and/or the local public health department with a current record of my child's immunization

My child is NOT immunized and I have provided my child's school and/or the local public health department with the required documents that outline medical exemption, or objection on the basis of conscience or religious belief.

**Personal Information:** I hereby consent to the collection, use, and disclosure of my child's information by the center for the purposes of providing child care services to my child. I understand that the center protects the privacy of all personal information in its possession in compliance with prevailing privacy legislation. By providing my email address on this form I authorize communication via email for purposes such as center announcements and invitations, newsletters, organizational information, as well as the distribution of any other communications or documentation relevant to my relationship with Upper Canada Child Care and its affiliated child care centres and programs. I have read and understood this form.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
(DD/MM/YY)

<b>CHILD 1</b>								
_____	_____	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
(FIRST NAME)	(LAST NAME)	(DATE OF BIRTH)						
<b>CHILD 2</b>								
_____	_____	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
(FIRST NAME)	(LAST NAME)	(DATE OF BIRTH)						
<b>CHILD 3</b>								
_____	_____	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
(FIRST NAME)	(LAST NAME)	(DATE OF BIRTH)						
<b>CHILD 4</b>								
_____	_____	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y			
(FIRST NAME)	(LAST NAME)	(DATE OF BIRTH)						



## REGISTRATION

### Forms

The above-named child(ren) will be considered registered in the Summer camp program when this contract, along with the following forms, are completed and signed by the parent(s)/guardian(s), and then submitted to and signed by the center supervisor:

- *Personal Information Form*
- *Camp Registration Request Form*
- *Deposit Payment*

### *Custody Information*

If a child is the subject of a custody dispute, the supervisor must be informed of the dispute in writing and provided with any final or temporary custody order, domestic contract, or separation agreement, which contemplate custodial arrangements or visitation.

### Camp Groupings

Children are registered in the summer camp program at the discretion of the supervisor, and if the child meets the age requirements below

- Jr Camp (4 years to 6 years)

## CODE OF CONDUCT

### Client Conduct

To promote a safe, comfortable, and happy atmosphere, each child and parent/guardian are at all times expected to:

- Be respectful of self, others, the environment (both indoor and outdoor), equipment, materials, and property.
- Communicate through listening and speaking in ways that attempt to resolve conflict in a peaceful manner. Abuse of any kind (verbal, physical, emotional etc.) is not tolerated.

### Employee/Volunteer Conduct

Guided by Eyes Child Care's core values of *Safety, Respect, Support, Trust, and Professionalism*, our employees are expected to maintain the highest standards. Approaches to child guidance are outlined in Eyes Child Care's Handbook. All staff, students, and volunteers are mentored and monitored on an on-going basis to ensure that these approaches, and their accompanying strategies, are being implemented in a manner consistent with our core values. Our educators encourage children to act in a respectful manner, appropriate to their developmental age and stage.

Self-regulation is promoted and logical consequences is the preferred method of encouraging appropriate behavior.

## OPERATIONS AND PROCEDURES

### Hours of Operation

The hours of operation of Summer Camp Program are 9am – 4pm, extended care is available from 4pm – 6pm. Eyes Child Care Ilderton is closed on the following statutory holidays: Canada Day and Civic Holiday.

### Arrival and Departure

Parent(s)/guardian(s) must make direct contact with room staff, as well as sign their child(ren) in upon arrival and out upon departure by initialing the classroom attendance log.

### Release of Children

Child(ren) will be released to the care of authorized persons listed on the *Personal Information Form*. Parent(s)/guardian(s) must inform staff of any changes in the pickup arrangement for their child(ren), and advise the authorized person that they will be required to show photo identification when picking up the child(ren).

### Responsibility for Children

While on center premises, until transfer of care from parent/guardian/authorized person to center staff has taken place (i.e. child(ren) signed in), and after transfer of care from center staff to parent/guardian/authorized person has taken place (i.e. child(ren) signed out), the child(ren)'s wellbeing is the responsibility of the parent/guardian/authorized person. If a child is injured on center premises while in the care of the parent/guardian/authorized person, the parent/guardian/authorized person is responsible.

## Late Pick Up Fees and Procedures

A late fee will be charged for time that staff is required to stay with a child after the center closing. The late fee rate schedule is posted in the center. This late fee must be paid immediately to the staff present at the time. If staff are unable to reach the parent(s)/guardian(s) or the emergency contact(s) by 7:00 p.m., the Police and Children's Aid Society will be contacted.

## Electronics and Valuables

As per our *Technology and Interactive Media Use Policy*, personal electronic devices (e.g., cell phones, iPods, iPads, video games etc.) are not allowed at camp as they can hinder social interactions, camp programs, and the opportunity to connect with nature. The camp is not responsible for loss of, or damage to, valuables.

## HEALTH AND WELLBEING

### Illness

Children exhibiting signs and symptoms of illness should remain at home until they are well enough to fully participate in the camp program. If a child becomes ill during the day, the parent(s)/guardian(s) will be contacted to pick up their child. Staff will provide the parent(s)/guardian(s) with information regarding when their child may return to care, according to guidelines established by local Public Health authorities. The parent(s)/guardian(s) are asked to report their child(ren)'s absence to staff due to illness or any other reason.

### Administration of Medication

If necessary, qualified staff will administer prescription drugs to children, in accordance with provincial legislation. This requires that the parent/guardian:

- Provide written medical authorization, including the dosage and times any drug is to be given.
- Provide medication in the original container, clearly labelled with the child's name, name of the drug, dosage, the date of purchase, and instructions for storage and administration of the drug. (A pharmacist can be asked to divide the dosage into two containers so one can be left at the center until the dosage is finished. Non-prescription medications must be accompanied by a doctor's note).
- Transfer medication directly to a staff member. Medication is not to be left in child's bag.

Note that center/camp staff will not administer expired medication. It will be returned to the parent/guardian.

### Individualized Plans

Individualized plans are developed and implemented for all children with exceptional medical or inclusionary requirements. The parent/guardian is asked to identify whether individualized plans are required upon registration. Staff will work with families to establish strategies to support inclusion and wellness.

### Child Abuse Policy

In accordance with the *Child & Family Services Act*, it is the responsibility of every person in Ontario to immediately report to a Children's Aid Society (CAS) if she/he suspects that child abuse has occurred or if a child is at risk of abuse. An individual's responsibility to report cannot be delegated to anyone else. The center does not investigate or lay blame; it simply reports and follows CAS directions. If a parent/guardian, staff, or other accuses a staff member of abuse, it is the duty of the individual making the allegation, and the center, to report the accusation to the CAS and follow the direction given.

### Students & Volunteers

Many of our programs accept students and volunteers. Prior to interacting with children, all students and volunteers are required to provide confirmation of a clear *Police Vulnerable Sector Check* (individuals 18 years and older), verification of up-to-date immunization, and a recent TB skin test. Students and volunteers are directly supervised by staff at all times.

## FINANCIAL RESPONSIBILITIES

### Commitment

The conditions of this agreement provide protection for our clients, as well as our program. In order to provide services, it is essential that the program be financially stable. Salaries and overhead expenses cannot be reduced because of absentee losses. This contract is a commitment that the parent/guardian will financially support the enrolment space guaranteed for their child. Failure to meet this financial commitment may result in termination of child care services.

### Fee Payment

Fees are accepted via e-transfer to [info.ilderton@eyesdaycare.com](mailto:info.ilderton@eyesdaycare.com). A non-refundable deposit equivalent to one week's fee is due upon enrolment, and will be applied to the final week of camp. Refunds will not be issued for any days absent (including those due to vacations or illness).

## Withdrawal

A partial refund will be issued when signed written notice, including notice by email, is given at least two weeks in advance of withdrawal. The full deposit amount, minus \$50.00 per child, will be returned. The total deposit will be forfeited when signed written notice is not provided at two weeks in advance of withdrawal.

## Decrease in Weeks Registered

A partial refund will be issued when a family requests a decrease in weeks registered. The full deposit amount, minus \$50.00 per child will be returned. The fee of \$50.00 applies each time changes to enrollment are made. If enrollment changes more than once, a \$50.00 fee would apply in each case.

## Failure to Pay

Failure to resolve any unpaid or overdue balances within five business days will result in termination of service and use of the deposit to clear charges. Service can be reinstated (if space is available), once all charges are cleared and the security deposit is replaced via money order, bank draft, or certified cheque. Spaces will not be held.

## Receipt of Payment

A receipt of payment will be issued after the year end for income tax purposes.

### TERMINATION OF SERVICE

## Compliance to the Code of Conduct

The provision of our service is conditional on the compliance of parent(s)/guardian(s) and child(ren) to the Code of Conduct.

## Contraventions to the Code of Conduct

Contraventions to the Code of Conduct may result in any or all of the following actions:

- Documentation of incidents
- Meeting with appropriate parties
- Referral to an outside agency
- Consultation with outside agencies
- Removal from the program

Should the supervisor of the program, in consultation with the director, determine that a child cannot adjust to the program, or if the parent has not upheld the contract, the child will be withdrawn from the program and this agreement will be terminated. The process of termination of service for all children will include any or all of the actions detailed above.

Signed, written notice of permanent termination of service by the center must be given two weeks in advance. Note: behavior that poses a safety hazard will not be accepted and may result in immediate termination of service.

### PERMISSION TO ENGAGE IN CHILD CARE ACTIVITIES

I hereby grant permission for my child(ren) to leave the child care center under the supervision of staff for camp trips. I understand that trip dates are tentative and may change.

Should it be necessary to redirect/cancel any scheduled trips due to inclement weather or unforeseen circumstances, I authorize my child to attend alternate trips. The trip destination for any day may be changed to any of the other trips on the trip permission form, as well as other community locations. In all cases, the exact location of the trip will be posted.

I understand that it is my responsibility to bring my child(ren) to camp 30 minutes prior to bus departure (times are posted in the centre), and that should my child(ren) miss the bus, my child(ren) will not be provided with child care on that day. I understand that no refunds will be provided for that day.

I authorize my child(ren) to go on spontaneous adventure walks throughout the neighbourhood, which may include walking trails through the forest, or walks to nearby community locations.

I authorize my child(ren) to swim at beaches or parks where lifeguards may or may not be present, under the supervision of camp staff. Staff will follow Upper Canada Child Care swim safety procedures.

### AUTHORIZATION TO PROVIDE EMERGENCY MEDICAL ATTENTION

I hereby authorize staff to take whatever steps necessary to obtain medical care, if required. These steps may include any of the following (in no

