

**Simcoe Hall's Sun Fun Day Camp 2024 Registration Form
(Ages 6 – 14 years old)**

Participant Information

Child's Name: _____ Age: _____ Grade: _____

Birthdate (MM/DD/YY): _____ Health Card # _____

Home Address: _____ City: _____

Postal Code: _____ Home Phone #: _____

Family Doctor: _____ Doctor's Phone #: _____

Does your child know how to swim? YES NO

Medical Information

Please be advised that Simcoe Hall staff and/or volunteers are prohibited from storing, handling, or administering prescribed or over-the-counter medication. Special arrangements must be made for a parent/guardian or other assigned adult to administer any medication(s). Please do not send medication of any kind to Simcoe Hall with your child. **The only exception to this rule applies to life-saving emergencies and routine medication.** If your child needs an EPI Pen or Puffer, please ensure they have it with them at all times and know how to use it.

Please provide any additional information that will help us provide your child with the best care possible (known allergies, exceptionalities, diagnoses, etc.). Please note that Simcoe Hall cannot accommodate 1:1 care. If your child requires special assistance, please contact the program coordinator.

Parent/Guardian Information

Name: _____ Relation to Child: _____

Phone #: _____ Email: _____

Are there any court orders or custody restrictions that would prevent us from communicating with either parent/guardian? YES NO (If yes, we will contact you for additional information.)

Secondary Emergency Contact

Name: _____ Relation to Child: _____

Phone #: _____ Email: _____

Fees and Payment

2023-2024 After-School Program Members

Early Bird Feed (deadline June 3rd, 2024): \$115.00
 Registration after June 3rd: \$120.00
 Four-day week (August 6th – August 9th): \$96.00

NON-After School Members

Early Bird Feed (deadline June 3rd, 2024): \$140.00
 Registration after June 3rd: \$145.00
 Four-day week (August 6th – August 9th): \$112.00

Please check the weeks you wish to register:

- | | | |
|---|--|--|
| <u>Week 1 July 8th – July 12th</u> <input type="checkbox"/> | <u>Week 2 July 15th – July 19th</u> <input type="checkbox"/> | <u>Week 3 July 22nd – July 26th</u> <input type="checkbox"/> |
| <u>Week 4 July 29th – Aug 4th</u> <input type="checkbox"/> | <u>Week 5 Aug 6th – Aug 9th</u> <input type="checkbox"/> | <u>Week 6 Aug 12^h – Aug 16th</u> <input type="checkbox"/> |
| <u>Week 7 Aug 19th – Aug 23rd</u> <input type="checkbox"/> | | |

Payment can be made via cash, cheque, e-transfer, or credit card. **Please note there is a 3.40% service fee for all credit card/debit transactions.** If paying by e-transfer please include a memo stating the fees are for Summer Camp 2024 and your child's name.

E-transfer: etransfersh@gmail.com
Password: sunfun

Cancellation/Refund Policy: If you are withdrawing your child from camp, a written notice two weeks in advance is needed to obtain a full refund. After two weeks, we will issue you a refund of 50%.

Late Pickup Fee Policy

Late pick-ups will result in a fee of **\$1.00 a minute, up to a maximum charge of \$60.00.** If the late fee is not paid within the first 24 hours, then an additional \$5.00 will be added until the fee is paid. Reoccurring late pickups may result in suspension or termination of enrollment.

If the parent/guardian/emergency contact is unavailable an hour after the program ends, we will contact the appropriate Children's Aid Society and follow their instructions.

Amount Paid: _____ **Date:** _____ **Method:** _____

Consent to Hold Harmless Agreement

"I _____ give consent for my child _____ to participate in the Sun Fun Day Camp at Simcoe Hall Settlement House." "I further agree to indemnify and hold harmless Simcoe Hall Settlement House, its agents, employees, or volunteers of all liabilities for loss or damage arising from any cause whatsoever and hereby release, waive, and discharge Simcoe Hall Settlement House from all liability to my heirs, executors, administrators and assigns for all loss or damage any claim's or demands for such loss or damage on account of injuries to person or property while participating in and or being transported to and from program activities."

Consent to Medical Treatment

"I hereby give permission to Simcoe Hall Settlement House to provide or arrange for such first aid or other medical treatment or care of the child included in this registration, including but not limited to transportation to the hospital, as such staff may consider necessary or advisable. I understand that all costs related to such actions shall be my responsibility and I agree to pay and/or reimburse Simcoe Hall Settlement House for any such cost as may be incurred."

"I, _____ accept full responsibility for ensuring that participants named in this registration application are physically and medically fit to participate in the program activities for which they are registered throughout the duration of such programs."

Permission to Walk Home

Participants 12 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16 years old. With your approval below, Simcoe Hall will only release participants 12 or older from the program.

I, _____ give permission for my child _____ to walk home from Simcoe Hall's Sun Fun Day Camp.

Community Walks

Occasionally, the children and staff may walk to a neighbourhood park. These walking trips are not always planned; signing this permission slip grants Simcoe Hall permission to take your child on a walk.

Please check one:

- I give my child permission to participate in community walks.
- I do **NOT** give my child permission to participate in community walks.

Food Consent

I give permission for Simcoe Hall staff to give my child food or drink as part of the camp program.

Permission to be photographed and/or videotaped

I consent for my child to be photographed or videotaped for our archival records, community relations, program display boards, and promotional materials. Photos may also be published through our website and social media pages. Children will NOT be identified by name in ANY photo or video.

YES NO

Registration Acknowledgement

By signing below, I certify all information in this registration package is true and correct to the best of my knowledge. If at any time the information changes, I will contact the program coordinator as soon as reasonably possible.

Parent/Guardian Signature: _____ **Date:** _____