

REGISTRATION FORM

The CecilKids! Summer Day Camp is for children ages 5-12 years old and operates Monday to Friday from 9:00am to 4:00pm, aftercare (4-6pm for additional \$15) is available upon request. The cost of the Summer Camp is \$110 per child, per week if you have a Cecil Membership, or \$120 per child, per week if you do not have a Cecil Membership (*please enquire with our front desk staff for more information if you'd like to obtain a Cecil Membership*). To register your child, please complete all of the information on this form and return to the Centre. Please use a separate form for each child.

How did you hear about the Cecil Community Centre Summer Day Camp?

Flyer Web site Friend/Family Social Media Walk-in Other _____

Part A: Child's Information

Child's Name:		Date of Birth: YYYY / MM / DD	Age:
Address:			Apartment/Unit:
Postal Code:	School:		Grade:

Part B: Parent/Guardian Information

Parent/Guardian (1) Name:	Daytime Telephone Number:
Parent/Guardian (2) Name:	Daytime Telephone Number:
Emergency Contact:	Relationship:
Emergency Contact Daytime Telephone:	

Part C: Medical Information

Doctor's Name:	Telephone Number:
Health Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Version Code: <input type="text"/> <input type="text"/>	
Does your child have special needs, medical conditions or allergies that we should know about, including any requiring maintenance medication (e.g. asthma, diabetes, seizures, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe:	
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain:	
Does your child require a special diet? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please describe:	
I understand that the Emergency Contact will be notified in the case of a medical emergency involving my child. In the event that they cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my child is injured or becomes ill.	
Parent/Guardian's Initials _____	

Part D: Registration

#	Session	Dates	Cost*	After Care*	Paid
1	<input type="checkbox"/>	Tuesday, July 2 nd to Friday, July 5 th	\$	\$	<input type="checkbox"/>
2	<input type="checkbox"/>	Monday, July 8 th to Friday, July 12 th	\$	\$	<input type="checkbox"/>
3	<input type="checkbox"/>	Monday, July 15 th to Friday, July 19 th	\$	\$	<input type="checkbox"/>
4	<input type="checkbox"/>	Monday, July 22 nd to Friday, July 26 th	\$	\$	<input type="checkbox"/>
5	<input type="checkbox"/>	Monday, July 29 th to Friday, August 2 nd	\$	\$	<input type="checkbox"/>
6	<input type="checkbox"/>	Tuesday, August 6 th to Friday, August 9 th	\$	\$	<input type="checkbox"/>
7	<input type="checkbox"/>	Monday, August 12 th to Friday, August 16 th	\$	\$	<input type="checkbox"/>
8	<input type="checkbox"/>	Monday, August 19 th to Friday, August 23 rd	\$	\$	<input type="checkbox"/>
Please note: All registration fees are due in advance.			TOTAL PAID	\$	\$

Part E: Sunscreen (please see Parent Handbook for further information)

My child is unable to properly apply sunscreen to himself/herself. My child will need the assistance of an adult to apply his/her sunscreen.

My child is able to apply sunscreen himself/herself

Part F: Authorization for Field Trips

I give permission for my child to leave the premises of the Cecil Community Centre to participate in trips/activities outside of the Centre. I give permission to the staff of the Cecil Community Centre to take my child to all scheduled trip/activity locations for the CecilKids! Summer Day Camp program. I give the staff permission to take my child on trips to local parks, playgrounds, swimming pools, and other places of interest. I agree that my child may be transported to trips/activity sites by School Bus, Public Transit or by walking. I and understand that my child will be escorted and supervised by the staff and volunteers of Cecil Community Centre while participating in these activities.

Part G: Person(s) who usually picks up the child

1. Name:	2. Name:
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Part H: Authorization & Consent for Children Walking Home

I give permission to have my child walk home by him/herself (if 10+ years of age)

I give permission for my child to walk home with _____ friend or sibling (must be older than 12)

Part I: Consent to receive information from Cecil Community Centre

As a valued Kids Klub Member, Cecil Community Centre requests your consent to allow us to send you important information and announcements from our organization. Your consent is required to comply with the Canadian Anti-Spam Legislation (CASL).

I consent to receiving information from Cecil Community Centre

You may unsubscribe at any time by contacting info@cecilcentre.ca.

Part J: Photography, Media Release & Waivers:

I hereby give Cecil Community Centre and its partners and affiliates consent to use and reproduce my child's name/image for promotional purposes related to Cecil Community Centre. My child's first name(unless otherwise authorized)/image may be published or used in newspapers, promotional videos, program brochures, posters, on World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or in part by Cecil Community Centre. I release Cecil Community Centre and its agents from any and all claims, of any nature, based on any uses of the above.

I, the parent/guardian of the child named above give permission for such child to participate in the programs and services of the Cecil Community Centre, and consent to any necessary first aid or emergency medical treatment being given or provided for the child, waive any claims against Cecil Community Centre the sponsors of said programs, or any of the Cecil Community Centre representatives, employees or volunteers, in respect to any personal injury, illness, or illness specifically related to COVID-19, to such child or to any other person or any loss of or damage to property, arising in any way at, from or in connection with the programs and services of Cecil Community Centre. I am providing this waiver on behalf of such child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

Parent/Guardian Email Address:	
Parent/Guardian Signature:	Date: