

Office use only
Silverheights NA Participant # \_\_\_\_\_

# SUMMER 2018 REGISTRATION FORM AND RECEIPT

Last Name:		_First Name:			Age: _	D	.O.B: _D_	/_M_/_Y	
Phone (H):		_ Phone (C):				-			
Program	Location	Week	All day	Fee	Extended Day (3-5:30 pm)	Fee	Total/ week	O REFUNDS - SWTICHING	
Junior/Youth	SNA/St. Gabriel	<b>Wk 1</b> July 3-6		\$120		\$45		▍⋛▐	
Junior/Youth	SNA/St. Gabriel	<b>Wk 2</b> July 9-13		\$120		\$45		⊒ בי	
Junior/Youth	SNA/St. Gabriel	<b>Wk 3</b> July 16-20		\$120		\$45		声巨	
Junior/Youth	SNA/St. Gabriel	Wk 4 July 23-27		\$120		\$45		_ ~ ×	
Junior/Youth	SNA/St. Gabriel	<b>Wk 5</b> July30-Aug 3		\$120		\$45			
Junior/Youth	SNA/St. Gabriel	<b>Wk 6</b> Aug 7-10		\$120		\$45		~ 0	
Junior/Youth	SNA/St. Gabriel	<b>Wk 7</b> Aug 13-17		\$120		\$45			
Please circle Junior or Youth	T-Shirt \$7	Camp starts at 9:00 am Sharp and Pick up is 3:00 pm Sharp			Pick up between 5:00 and 5:30pm Sharp	Total	+\$7		
Swimming Information Swimming Level (	rmation eg.Dolphin):	n applying the spray sunscreen.   Place of Instruction:							
In order to support important that part Ready", the follow  Participate Partic	rogram Ready?  It the success, safety and in ticipants attending these pring criteria have been develor ant is able to take direction ant is comfortable and able ant is able to participate in the land able and needs. However, it is as a second control of the success of the su	ograms are indeed "F loped: and instruction from a to interact in a group the program. Particip	Program a staff per environm ation, inte	Ready". To son the second seco	o assist in det	ermining if	a participant	is "Program n the child's	
	aged participants are able t	o attend school succe	essfullv w	ithout spec	cialized classro	om suppor	t		
	ant interacts and participate		-	•					
Participants that	are attending a program ar ole discretion of full-time su	d who are not demon						from the	
behaviour manaq themselves or to	of staff to provide a fun and gement techniques to encor someone else or is engagi ticipants need to be "Progra	urage positive behavion ng in unsafe behavion	our and s ur, staff m	elf-disciplir ay be requ	ne. In instance ired to interver	s where a ne or remove	child is causir	ng harm to	
Parent Signatur	e:			Date:					
SNA Rep Signat	ture:		Cash, Chq# or Credit:						



## SUMMER 2018 REGISTRATION FORM AND RECEIPT

## Camp Sign In / Sign Out Permission

Please **pick one option** and if there is a change to this information you **MUST** notify the Summer Camp Leaders immediately.

☐ My Child will be dropped off and picked up each day by a parent/guardian					
Parent's Signature:	Date:				
☐ My Child will sign in / out					
I hereby authorize camp staff to allow my child attending ca	amp to sign in / out at the beginning and end of each day.				
Parent's Signature:	Date:				
□ Non-Parent Pick up					
I hereby authorize camp staff to allow my child attending ca	amp to be signed in / out by the person(s) designated below:				
Person allowed to pick-up my child:	Relationship to child:				
Parent's Signature:	Date:				

## **IMPORTANT CAMP INFORMATION**

- Camp is outdoor focused.
- Apply sunscreen at home before camp.
- Staff <u>will not</u> administer meds. Meds are to be administered at home, or other accommodations need to be made.
- Additional forms are needed if a child has a severe allergy or uses an epipen. Epi-pens will be kept on site and brought by staff on trip days.
- \$10 charge for re-issuing receipts.
- If you know your child will be <u>absent</u>, please notify the leader the day before.
   If your child is <u>sick</u> please call the office 519-249-1200 to let the playground leaders know.

**PLEASE NOTE:** While we discourage peanut or nut snacks, we cannot guarantee a nut-free environment.

## TRIP DAY INFORMATION

## **Trip Day**

- All campers must be on time as buses will leave on their scheduled time!
- Water trips: swim suits must be worn to camp. Remember your towel!
- SNA T-Shirts <u>must</u> be worn on trip days.

Please note that we are at the mercy of the weather and if any trips or activities have to be cancelled we will do our best to reschedule them later in the week or to provide an alternative.

## DAILY CAMP LIST (MANDATORY)

- Hat
- Running shoes **MUST** be worn
- · Refillable water bottle
- · Change of clothes
- Swim Suit and Towel –for wet and wild fun!
- Spray sunscreen bottle for reapplication
- Epi-pen (if required)
- Do NOT bring any <u>valuables</u> (i.e. money, jewelry, phones, iPods, video games, etc.). Leaders will not be responsible for such items.
- Snacks & Lunches (all should be nut-free).
  - Full day campers: 2 snacks and 1 lunch.

PLEASE ENSURE ALL ITEMS ARE LABELED WITH FIRST & LAST NAME.

## Silverheights Neighbourhood Association Contact Information

Phone: 519-249-1200

Address: 15 Baldwin Drive, Cambridge ON N3C 0G1 Email: info@silverheightsneighbourhood.com

Website: www.silverheightsneighbourhood.com