



Daycamp Registration Form

The information you share with us will help us to care for your child in the best way possible and will keep your child safe and cared for if there is an emergency.

Camp Location:

Grade Just Completed

Age

Date of Birth (M/D/Y)

Gender

Personal Pronouns

Legal Last Name of Child

Legal First Name of Child

Legal Middle Name

Other Names Used

Child Lives With

Languages Spoken

Is there a shared custody agreement? **IF YES, SUPPLY A COPY OF THE CUSTODY ORDER** (please list both addresses child resides at)

Yes

No

Home Address #1

City

Postal Code

Home Address #2

City

Postal Code

Parent/Guardian Information

Parent #1 Legal Name

Parent #2 Legal Name

Home #

Home #

Work #

Work #

Cell #

Cell #

E-mail

E-mail

Relation to child

Relation to child

Persons to be contacted in the case of an emergency (other than parent/guardian)

Name

Relation to child

Home #

Work #

Cell #

Languages Spoken

Name

Relation to child

Home #

Work #

Cell #

Languages Spoken

Persons NOT authorized to pick up your child

Name

Relation to child

Health Information

Name of Family Doctor Phone #

Name of Family Dentist Phone #

Other health professionals involved with your child

Name Phone #

Name Phone #

BC Medical Card Number Date Effective

Other health insurance coverage

Insurance Provider Policy #

Please tell us if your child has any of the following

Any extra support needs, special needs, a learning disability, an IEP, or is waiting for an assessment (failure to disclose may result in the immediate removal of your child)

Yes No

If yes, please provide further information

A medical condition or concerns Takes medication for a medical condition or concern

Yes No Yes No

If yes, please provide further information

Any allergies

Yes No

Use an EpiPen

Yes No

Use an inhaler

Yes No

If yes, please provide further information

Has your child had a seizure in the past year

Yes No

If yes, please provide further information

Does your child required a special diet due to a medical condition or religious/ethnic observations

Yes No

If yes, please provide further information

Vaccinations up-to-date

Yes No

Date of last vaccination

Permission For Outings:

I hereby give my permission to Burnaby Neighbourhood House to take my child for outings while in Daycamp. I understand that during these outings my child will be secured in an approved restraint (seat belt) when in a vehicle that provides them. I understand the program might travel by public transit or rented school bus.

Parent/Guardian's Signature

Date

Permission For Picture Taking:

I hereby give my permission to Burnaby Neighbourhood House to take pictures of my child for use within BNH promotion material (eg. newsletter, brochures).

Parent/Guardian's Signature

Date

Permission For Emergency Medical Care

I hereby give my permission to Burnaby Neighbourhood House to call a physician or ambulance in the case of accident or illness of my child when I cannot be immediately reached.

Parent/Guardian's Signature

Date

Parent Agreement:

- 1) I will not send my child to the program if they are ill or there is any question of illness. If I am aware of any communicable disease that my child contracts, I will notify my child's camp immediately.
- 2) I agree that my child will follow all reasonable instructions and directions of the leaders and instructors duly appointed by BNH in connection with participating in the Daycamp program. Failure to do so may result in their immediate removal from the program.
- 3) I accept that if my child is unable to attend the program due to illness or other absence, I am still responsible for the full payment.
- 4) I understand that my child will not be dismissed to anyone who has not been made know to the program Supervisor previous to pick-up.
- 5) I have completed an up-to-date registration form and agree to inform BNH staff of changes affecting its accuracy.
- 6) I understand that included in my child's registration in BNH's daycamp programs our family receives an annual membership that allows us the following:
 - Members and their registered family have the right to participate in and benefit from BNH programs
 - Members in good standing are able to vote at our Annual General Meeting (AGM)
 - BNH Members receive updates on all BNH's happenings and upcoming events throughout the year
 - BNH Members and their families receive copies of our newsletter "The Buzz"
 - Burnaby Members who meet Community Volunteer Income Tax Program (CVITP) criteria can book appointments for the annual BNH Income Tax Clinic
- 7) I hereby release, remise and forever discharge BNH, its employees or agents, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in anyway connected with participation in any program or attendance at any location operated by BNH

Parent/Guardian's Signature

Date

Child Agreement (please read this with your child):

- 1) I will be responsible for my own belongings.
- 2) I will take good care of the property, equipment and supplies of the daycamp.
- 3) I will treat staff members, the volunteers and other children at the program with respect.
- 4) I will use publicly acceptable language.
- 5) I will co-operate with staff, volunteers and with other children in group activities and in other procedures when I am required to do so.

I understand these rules must be followed for the well-being and safety of others and me. If these rules are broken, the daycamp Supervisor may take away special privileges (such as field trips, etc.), or take me out of the program.

Child Prints Name:

Date

Please check the weeks your child will be attending:

July 2-5

July 8-12

July 15-19

July 22-26

July 29-August 2

Total # weeks attending

Total fees due

Subsidy amount eligible for

Subsidy received from

Amount paid by parent/guardian

Date paid (M/D/Y)

Paid by

Cash

Cheque

School Cash Online

For safety reasons we would like to know how your child will get home each day:

Walking home on their own or with a sibling

1. Picked up by (please print name): _____

2. Picked up by (please print name): _____

The Burnaby Neighbourhood House is a Charitable Non-Profit Organization. We are A Volunteer Driven, community-funded, agency with a unique focus on Neighbours supporting Neighbours.