

**BALLANTRAE CHILD CARE SUMMER CAMP 2024**

Conveniently located in Ballantrae Public School, 5632 Aurora Rd, East of Highway 48 (905-640-2152)

Ages 4 to 12 years welcome, Government Licensed/Fee Assistance available through York Region

<b>Child's Information (ONE FORM PER CHILD)</b>	
Last Name: _____	First Name: _____
Address: _____	City: _____ Postal Code: _____
Home phone: _____	Birth date (mm/dd/yy): ____/____/____
Gender: _____	School: _____
<b>Parent's Information</b>	Married <input type="checkbox"/> Single: <input type="checkbox"/> Separated <input type="checkbox"/>
<b>PARENT:</b>	<b>PARENT:</b>
Name: _____	Name: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Cell phone: _____	Cell phone: _____
Business name: _____	Business name: _____
Business address: _____	Business address: _____
Business number: _____	Business number: _____
Email address: _____	Email address: _____
<b>Health</b>	Please provide a copy of your child's yellow immunization card
Child's Physician: _____	
Address: _____	Phone number: _____
Previous communicable diseases: _____	
Allergies (food, medication, etc.): _____	
Is your child anaphylactic? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please contact the supervisor to receive the proper forms for your child.	
<b>Does your child have a condition that would require special attention, medication or a special diet?</b>	
Please explain: _____	
<b>Permission to pick up/Emergency contacts</b>	
Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Cell phone: _____	Cell Phone: _____

**Note** Please ensure this form is filled out fully.

In case of emergency and I am/we are not able to be reached, I grant permission for the operator, or designate, of this child care centre to take whatever steps are necessary to obtain emergency medical care if warranted. Also, I grant permission for my child to participate in all summer camp programs and activities. I understand pictures of the children will be taken during activities, and will be displayed at the child care for visitors to see. I give the staff of Ballantrae Child Care Centre permission to help my child put sunscreen on. I hereby personally guarantee to you payment at Ballantrae Child Care Centre in the province of Ontario. I hereby agree to bind myself to pay you on demand any sum which may become due to you. It is understood that the guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the agreement hereby guaranteed. I understand that full fees are required for all weeks my child is registered. No exceptions, no refunds.

There will be a \$15.00 NSF charge for NSF cheques. E transfers are preferred.

I have read and understood this form and I will notify the centre of any changes in writing.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

For more information please call 905-640-2152 or Email us at ballantraecc1@gmail.com