



# Langdon Learning Centre

## Summer Camp Registration form - 2025/26

### Child's Information:

First name:		Last name:		Gender:	
Address:					
Birth date (dd/mm/yy):			Admin		

### Family Information:

Mother's name:		Cell Phone #:	
Address:	if different from child's	Home Phone #:	
Email Address:		Work Phone #:	

Father's name:		Cell Phone #:	
Address:	if different from child's	Home Phone #:	
Email Address:		Work Phone #:	

Who should emails be sent to?	Mother	Father	Both
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### Medical Information

Allergies?		Immunizations up to date?	Yes	No
Other?		Admin		

### Alternate contact

Should there be an emergency at the school for any reason and we cannot contact either of the parents, we will call an emergency contact. This person should be able to collect your child from the centre if either of the parents is unable to. The person should be someone you trust, your child knows and lives within a 15-minute drive to the preschool. Examples would be a family member, neighbour or friend.

Name of contact:		Relationship to child:	
Email Address:		Cell Phone #:	
Address:			

### Attendance Choice

✓	Month	Cost	Deposit	Camp times	Admin Notes: \$500 Deposit PAD form Pad Entered
	July	\$1,000.00	\$500.00	Mon - Friday 7:00am-5:30pm	
	August	\$1,000.00	\$500.00	Mon - Friday 7:00am-5:30pm	
	July & August	\$1,800.00	\$500.00	Mon - Friday 7:00am-5:30pm	



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### Authorization to act in a medical emergency

In the event of a serious illness requiring medical attention, every effort will be made to notify the emergency contact person if the parent or guardian is unavailable. All care and attention will be given to the health and comfort of the student.

I hereby authorize the Director of head teacher in charge to obtain or secure such medical advice and treatment as may be deemed necessary for the health and safety of the student.

I agree to accept financial responsibility for and undertake to pay all costs resulting from medical treatment. I also agree to release the teachers in charge at Langdon Learning Centre from any personal liability that may occur because of giving such medical attention either on or off the preschool property.

	I agree to the above authorization	Initial:	
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### FOIP Requirement and purpose

The information requested on all the forms within this registration package is considered confidential and will be treated accordingly. The information will be used at the discretion of the teacher in charge to assist in caring for the student's health needs, particularly in the event of injury, or illness in the classroom or while attending a school field trip. Only staff and licencing officers will have access to your child's file and can review it at any given time. As a parent you also have the right to review your child's file at any given time.

All matters discussed with parents or guardians either by email correspondence, volunteering in the classroom or on a field trip will be held confidential and are not permitted to be shared with anyone other than the teachers and support staff present. When volunteering in our classroom, you must review our program policies and discipline procedures. You agree to legally abide by these rules and regulations even if your child no longer attends the program.

Pictures will be taken during class activities for sharing with the families enrolled in the Langdon Learning Centre preschool program. If a picture is selected to be used on our website for advertising purposes, the parent or guardian will be contacted prior to and asked for written (email is acceptable) permission to post. You must refrain from posting any photos or videos taken at preschool events on any public media (i.e. Facebook, Instagram, etc.) involving children other than your own, or teachers and support staff without their written consent to do so.

	I agree to the above authorization	Initial:	
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As the parent or guardian of the above-named child, I certify the information I have provided to Langdon Learning Centre is accurate and true. I have read the parent welcome package provided and I acknowledge and understand the requirements for enrollment in this program. Any information provided that is untrue could result in immediate dismissal from the program.

Parent Signature:		Date:	
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### Medication Consent Form

Please fill out the following information enabling our trained staff to administer medication to your child. Under government regulations, without proper consent, staff members are not permitted to administer any medication

Child's Name:			
Birth date (dd/mm/yy):			
Medical Issue:			
Name of medication:			
Dosage to be given:			
Time of day to be given:			
Prescription #:		Expiration Date:	
Indications to administer:	i.e. wheezing, coughing heavily, throat is closing, etc.		

### Additional Comments or Instructions:


A copy of this form is to be kept with your child's medication. A log form will be attached to record if and when medication is administered. The log form will be shared with and initialed by parents, and the staff member who administered the medication.

All medical devices (i.e. inhalers, EpiPens, etc.) must be either left on site or transported daily between programs. This is a safety rule and is governed by our licensing requirements. Please ensure you have the following packaged in a clear Ziploc bag with your child's first and last name written on the front:

* The medicine / device must be in its original container / packaging with readable instructions.	* This completed form for each medication
*The date on the container cannot be expired.	Admin



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### Important notes:

Please check each note to show you have read and acknowledged each point.

	Summer camp runs from July 7th - August 1st and August 5th - 22nd. (August 4th is a STAT holiday and we will be closed)
	A non-refundable \$500 deposit is due on June 1st to secure your child's spot.
	The remainder of the fees are due on July 1st and August 1st.
	The \$500 deposit will be used towards your fees in August (if your child will only be attending in July then, we will prorate accordingly).
	If your child is currently in kindergarten or going to be in kindergarten in the fall there is a subsidy of \$555.00 per child and this will be deducted from your summer camp fees.
	Field trips are included in the price of the camp.
	All snacks and lunch are to be brought from home each day.
	Please notify staff if your child will be dropped off after 9am the next camp day. We do try and spend time outside each morning and afternoon. By informing us of a late arrival we are able to time our morning outdoor time.
	Each child is required to have a pair of indoor shoes to wear at the centre and will stay in their designated cubby.
	Please ensure your child wears outdoor shoes that are good for walking and playing in. Each day we go for walks and to play at the park.
	Each child is required to bring their own sunscreen and bug spray. Please ensure that aerosol sunscreen is supplied as cream is hard to apply and is very time consuming when trying to get the camp to move onto any outdoor activities.
	The following should be brought to camp each day:

- \* Hat
- \* Sunscreen
- \* Bug Spray
- \* Towel
- \* Change of clothing
- \* Water bottle
- \* Snacks and lunch

I acknowledge that I have read and reviewed the above list and requirements for summer camp

Parent Signature:		Date:	
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