



**Tri-County Complex Summer Day Camp
Operational Plan and Registration Form
Version 1 (July 14, 2021)**

Summer day camp will be held on Wednesdays and Thursdays from 9:00AM to 4:00PM. These hours will allow time for staff to clean and prepare for activities. Summer day camp will be held on July 14, 15, 21, 22, 28, 29, and August 11, 12, 18, 19. Note that there is no day camp August 4 and 5 as the facility is rented out to the Village of Fredericton Junction for Come Home Week activities.

Maximum of 15 children per day, 6 to 12 years of age. Tri-County's goal is to provide all children with the opportunity to attend our programs. If your child requires assistance with their daily needs they must be accompanied by a parent or guardian. Due to minimum staff, we are unable to provide one on one supervision.

Cost is \$20 per child, \$15 for each subsequent child.

Drop off is at 9:00 outside main door. If a child is dropped off at a later time, only one person is permitted in the building with the child and they must provide contact information for contact tracing to a staff member.

Parents are responsible for screening their child prior to arrival. If your child has any Covid-19 symptoms they are not permitted to attend day camp. Covid-19 symptoms include new or worsening cough, shortness of breath or difficult breathing, high temperature, feeling feverish, chills, fatigue or weakness, muscle or body aches, new loss of smell or taste, headache, gastrointestinal systems, feeling very unwell, and skin rash.

Staff are responsible for cleaning and disinfecting all surfaces in an area before and after an activity such as doorknobs, tables, chairs, light switches, and other highly touched areas. Staff are also responsible for disinfecting other public areas at least three times a day such as lobby, office, and washrooms.

Other visitors are permitted in the building however they will not be permitted to be in the areas that day camp activities are taking place.

Each child will be provided with their own labelled area in changing room 5 or 6 to keep their personal belongings such as backpacks, jackets and lunch boxes.

Masks must be worn when moving from place to place in the building. Masks are not required during physical activity or when seated.

Hand sanitizer will be available at stations throughout the building.

Rules and regulations are posted throughout the building.

The full facility operational plan can be found at <https://tricitycomplex.ca/covid19-operational-plan>.

Each child is responsible to bring their own snacks, lunch, water bottle, towel, change of clothes, hat, extra footwear, and sunscreen.

Wednesday is canteen day, children have the option of bringing their lunch or buy from the canteen for \$6.50. Meal includes a hotdog, fries, and Kool-Aid jammer.

How to Register:

Registration is based on first come, first serve. Please contact Crystal MacDonald at 368-2422 or by email at tricountycrystal@gmail.com to reserve a spot for your child.

Registration form and cash or cheque (made payable to Tri-County Complex) is to be sent with your child the first day and placed in their lunch box. A receipt will be provided and placed in your child's lunch box.

Camper Information:

First Name: _____ Last Name: _____ Age: _____

Full Address: _____

Phone Number: _____ Birthdate: _____ Medicare #: _____

Please check the days your child will be attending:

Wed, July 14 _____ Wed, July 21 _____ Wed, July 28 _____ Wed, Aug 11 _____ Wed, Aug 18 _____

Thurs, July 15 _____ Thurs, July 22 _____ Thurs, July 29 _____ Thurs, Aug 12 _____ Thurs, Aug 19 _____

Parent/Legal Guardian (1):

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____ Relationship to Child: _____

Parent/Legal Guardian (2):

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____ Relationship to Child: _____

Emergency Contact (if different than parent/guardian):

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____ Relationship to Child: _____

Who has permission to pick up your child from camp? _____

Is there anyone who does not have permission to pick up your child from camp? _____

IMPORTANT: If anyone other than those listed above will be picking up your child you are required to call and notify staff.

Health and Wellness:

Please note any medications that your child is taking: _____

Please list any medication, food or other allergies your child has: _____

Does your child have seasonal allergies or suffer from chronic runny nose/nasal congestion? _____

Does your child require assistance with their daily needs? _____

If yes, who is accompanying your child? _____

Photo Permission:

I am aware that photographs and or video of my child may be taken during day camp at Tri-County Complex and used for promotional purposes. I hereby grant Tri-County Complex permission to use photos and or videos for purposes stated above.

Yes _____ No _____

Parent/Legal Guardian Signature: _____ Date: _____

Waiver of Liability:

I, _____ the parent/legal guardian of _____ understand that attending Tri-County Complex Inc. Day Camp and participating in the activities provided during Day Camp carries the possibility of injury. I waive and release any and all rights and claims against Tri-County Complex Inc. volunteers, directors, staff, representatives and students for any and all damages, injuries, and accidents, loss of personal property, mishaps or illnesses which may directly or indirectly result from any participation in the programs offered by Tri-County Complex Inc. I the undersigned, the parent/legal guardian, have read this waiver, the operational plan and understand the terms and I acknowledge and agree to the terms stated therein.

Parent/Legal Guardian Signature: _____ Date: _____

Office Use Only:

Wed, July 14	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Thurs, July 15	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Wed, July 21	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Thurs, July 22	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Wed, July 28	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Thurs, July 29	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Wed, Aug 11	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Thurs, Aug 12	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Wed, Aug 18	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____
Thurs, Aug 19	Payment Date: _____	Amount: \$ _____	Cash / Cheque	Receipt #: _____

Staff Signature: _____