



Dear Parent/Guardian,

Enclosed please find a registration form, agreement and emergency card for Mrs D's Summer program.

Please complete all forms, and then return ALL forms with post-dated checks for the 1st of each month, to hold your child's spot.

Checks made out to: Grizela Dos Santos

Please drop off everything at Kaleden Elementary School, or mail forms and payment as soon as possible to ensure your child's space is saved.

Please send to:

60 Cactus Crescent

Osoyoos, BC

VOH 1V1

Mrs D's Summer Program

CHILD'S FULL NAME: _____
PROGRAM HE/SHE IS IN _____ (specify both if applicable)
DAYS NEEDED _____
NAME OF PARENTS OR GUARDIAN: _____
BIRTHDAY: _____ MALE FEMALE (please circle)
CARE CARD #: _____
CHILD'S HAIR COLOR: _____
CHILD'S EYE COLOR: _____
WEIGHT: _____ HEIGHT: _____
SCARS OR BIRTHMARKS: _____
MAILING ADDRESS (street, city/town, postal code):
(mother): _____ PHONE NUMBER:

(father): _____ PHONE NUMBER:

EMAIL ADDRESS:
(mother): _____
(father): _____
WORK PHONE NUMBER:
(mother): _____
(father): _____
DOCTOR'S NAME: _____ PHONE NUMBER:

PERSON TO CONTACT IN CASE OF EMERGENCY (if parent/guardian not available)
WHO ARE ALSO AUTHORIZED TO PICK UP MY CHILD _____ (parent's initials)
1. NAME: _____ PHONE NUMBER:

2. NAME: _____ PHONE NUMBER:

NO OTHER PERSONS ARE ALLOWED TO PICK UP MY CHILD EXCEPT FOR THE PEOPLE INDICATED ABOVE.
IMMUNIZATION RECORDS AS REQUIRED UNDER THE HEALTH ACT (photocopy or actual dates required):
DPTP/HIB (4 doses + booster)

MMR (2 doses) _____ HEP B (3 doses)

OTHER _____ OR NOT IMMUNIZED (check this box):

HEALTH CONCERNS (yes/no): IF YES, FILL OUT BELOW
ALLERGIES (yes/no) IF YES, WHAT KINDS:

ASTHMA: _____ CONVULSIONS: _____ HAYFEVER: _____ BLEEDING
NOSE: : _____
URINE INFECTIONS: _____ EAR INFECTIONS: _____ BRONCHITIS: _____
ANY VISION, HEARING OR SPEECH CONCERNS:

ANY LEARNING/PHYSICAL CONCERNS:

ANY BEHAVIOR/EMOTIONAL CONCERNS:

OTHER MEDICAL PROBLEMS:

IS YOUR CHILD ON ANY MEDICATION (yes/no) IF YES, WHAT:

SPECIAL DIET:

OTHER CONCERNS (yes/no) : IF YES, FILL OUT BELOW
SIGNIFICANT CHANGES IN YOUR CHILD'S LIFE (i.e. death, separation, move, new sibling,...):

IS THERE A CUSTODY AGREEMENT OR RESTRAINING ORDER (yes/no), IF YES, A COPY MUST
BE PROVIDED
DETAILS:

ARE THERE ANY PERSONS THAT SHOULD NOT HAVE ACCESS TO YOUR CHILD (yes/no), IF
YES, PLEASE FILL OUT BELOW

ANY OTHER IMPORTANT INFORMATION (i.e. food likes, dislikes, toileting, favorite things,
fears, religious and/or cultural observances,...):

I REALIZE THAT THE CENTER MUST REPORT ANY ACCIDENT OR INCIDENT OF A
SUSPICIOUS NATURE.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF
THERE ARE ANY CHANGES.

_____ PARENT OR GUARDIAN SIGNATURE DATE

Food Policy...

It's recommended that each child has a nutritious, well balanced diet. That's why I ask all parents/guardians to follow Canada's Food Guide when selecting food to provide their child for their snacks and lunch.

Please send your child with a water bottle they can use throughout the day. We do offer use of a fridge but suggest putting an ice pack in your child's lunch.

Parents must notify me at time of registration or before events if their child is not allowed to partake of other food, which they did not provide.

If you would like to send your child with a treat please limit it to one thing, for instances only one cookie not 2 or 3.

Below are lists of items we encourage you to send as snacks or lunch:

Dairy: Milk, cheese, yogurt, cottage cheese

Vegetables and Fruit: Carrots, celery, broccoli, cauliflower, cucumbers ... Apples, oranges, bananas, grapes (please cut in half), strawberries, melons, ...

Starch and Protein: Sandwiches, Tuna, Bagels, Hard boiled eggs Wraps, meat and Crackers

(child's name) _____ is NOT allowed to partake of other food, which I have not provided.

I will adhere to our agreed payment of _____ and prepaid for the first of each month by post-dated checks or government subsidy forms.

If fees are not paid by the 5th of the month I understand that my child may be withdrawn from the program until payment has been received.

My child is registered for **MRS D's Summer** Program and I understand that I should not send my child to the center if they are ill and I will notify the center if my child has come in contact with a communicable disease. I will also call the center before my child's class begins to let staff know if my child will be absent that day.

In case of accident or illness, I authorize the center to contact a physician and/or ambulance if I cannot be reached immediately to pick up my child and I will accept all physician/ambulance fees.

In the event of absenteeism due to illness, vacation, etc. not initiated by the center, I understand I am still responsible for full payment.

In case of a staff illness or emergency, I authorize a qualified substitute to care for my child.

I give permission for my child to participate in all field trips and activities that may be held on or off site, including the Kaleden library and firehall.

The first week of attendance will be considered a period of adjustment for each child. It is the center and parent's responsibility to keep each other informed of the child's progress and happiness. If a child seems unhappy or if the arrangement seems unsatisfactory for any other reason the contract can be terminated by either party without notice during this period.

Termination of regular services after this adjustment period requires 30 days-notice by either party in writing on the first of the month or a payment of one month's fees must be paid in lieu of notice. Post-dated checks would be returned at that time or if full payment was made a refund by check will be given. Please allow 2 weeks for processing of a refund by check after last day of child's attendance at the center for either termination of services or unexpected facility closure.

I give permission for my child's photograph to be taken to be displayed at the center.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION AND WILL NOTIFY THE CENTER IF THERE ARE ANY CHANGES. I HAVE RECEIVED A PARENT HANDBOOK WITH ALL INFORMATION ABOUT OUR POLICIES & PROCEDURES.

 _____ PARENT OR GUARDIAN SIGNATURE DATE
 _____ START DATE OF
 PROGRAM END DATE OF PROGRAM

2020 SUMMER CAMP SIGN UP SHEET (July):

CHILD'S NAME: _____

We have a weekly sign up for Summer camp. You can sign up for either a full week or for a day. Summer camp hours are from 8am to 5:00pm daily, \$40 per day or \$150 per week.

Please check the box of days and weeks you need

☐

July 6 to July 10

☐

July 13 to July 17

☐

July 20 to July 24

☐

July 27 to July 31

2020 SUMMER CAMP SIGN UP SHEET (August):

CHILD'S NAME: _____

We have a weekly sign up for Summer camp. You can sign up for either a full week or for a day. Summer camp hours are from 8am to 5:00pm daily, \$40 per day or \$150 per week.

Please check the box of days and weeks you need

☐

Aug 4 to Aug 7

☐

Aug 10 to Aug 14

☐

Aug 17 to Aug 21

☐

Aug 24 to Aug 28

Your child will need a bathing suit, towel, extra change of clothing, sunscreen, water bottle, lunch and a red hat packed everyday. A calendar of events can be found on www.mrsd.ca