

Township of Wilmot Summer Camp Information Form **WRC Day Camps**

Thank you for choosing Day Camps at the Wilmot Recreation Complex! We are excited to have your child(ren) with us! Please use this package as a guide as we have provided detailed information in a quick reference fashion to help you understand how the camp will operate.

Cancellations and Refunds:

Refund Policy: If fewer than 9 children are enrolled in a camp session, a full refund will be given. If a refund is requested a 20% Refund Administration Fee will be applied (up to \$35.00). *Refunds are not permitted within 5 days of the day camp starting unless there is an extenuating circumstance which will be decided upon by the Supervisor of Recreation Programming.*

Cancellations of the camp will happen two *weeks* prior to the starting date, if registration minimums cannot be met. In the event of insufficient numbers you will be notified first by phone and then by email by a Customer Service Representative, who will provide the option to enroll in another week, receive a credit on your account or be issued a full refund via cheque.

Things to bring:

Lunch, Water bottle , running shoes, shorts, a sweater in case it is cool in the morning, sunscreen, hat, and Bathing suit & Towel for swimming. Please ensure that all items are in a backpack or sports bag labeled with the child's name.

Please only bring what is required for camp.

Peanut and Nut Free environment: We have a number of staff and participants alike that have nut allergies. We ask that you DO NOT send peanut butter or nuts as part of your child's snacks or lunch.

Pick up and Drop Off:

Campers must be signed in and out each day Please refer to the Consent Form for defining other options. Sign In and Sign Out occurs between **8:50am-9:00am** and promptly at **4:00pm**. Extended hours are available for an additional fee. Extended hours are 8:15am-9:00am and 4:00pm-5:00pm. A late pick-up fee of \$5.00 for every 15minutes or less after the program end time will be charged. Drop Off and Pick up will occur at the back door #13, from the back splashpad parking lot.

Township of Wilmot Summer Camp Information Form

Rules of Camp

1. Hands and Feet must be kept to yourself at all times
2. Speak to others how you want to be spoken to
3. Touch only what belongs to you
4. Stay in the activity area at all times, leaders must be notified if you are leaving and are to accompany you
5. Listen to your leaders

To the extent that the foregoing information constitutes personal information under the Municipal Freedom of Information and Protection of Privacy Act, 1989, the information is collected under the authority delegated to the Township of Wilmot by virtue of the Revised Statutes of Ontario and will be used for the purposes indicated or implied by this form. Questions about the collection of personal information should be directed to The Clerk's Department, The Corporation of the Township of Wilmot, 60 Snyder's Road, Baden, Ontario, N3A 1A1. 519-634-8444.

FORM RETURN OPTIONS:

Documentation is required **PRIOR TO THE FIRST DAY OF CAMP** to ensure that all accommodations can be met. If you would like to send it early, please do so by one of the following options.

Please note: Children whom are dropped off without proper documentation on filed will not be allowed to stay until paperwork is completed.

MAIL Attention: Ashley Brooks Castle Kilbride Township of Wilmot 60 Snyder's Road West Baden, ON N3A 1A1	EMAIL Attention: Ashley Brooks ashley.brooks@wilmot.ca FAX Attention: Ashley Brooks 519-634-9329
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For any questions prior to the first day of camp please direct them to Ashley Brooks, The Supervisor of Recreation Programming at 519-634-9225 ext. 253, or via email at ashley.brooks@wilmot.ca .

Township of Wilmot Summer Camp Information Form

Form 1 of 4

*Please note that **ALL 4 PAGES** must be returned as a complete package. If all 4 pages are not returned we will require you to complete them all prior to leaving your child at camp.*

Participant Consent Form

BE SURE TO INCLUDE CHILD'S FULL NAME IN FIRST COLUMN TO AVOID CONFUSION

Child(ren)'s Name(s) <i>(list all children registered)</i> *Please list all camps that your child(ren) will be attending	HEIGHT (inches)	WEIGHT (pounds)	HAIR COLOUR	EYE COLOUR
Name: _____ Camp Name(s): _____ _____				
Name: _____ Camp Name(s): _____ _____				
Name: _____ Camp Name(s): _____ _____				

Child(ren)'s Information:

Full Name: _____ Gender (Please Circle) M F

Age: _____ Birth Date: _____ Health Card Number: _____

Doctor's name & Phone Number: _____

Health and/or learning concerns: _____

Full Name: _____ Gender (Please Circle) M F

Age: _____ Birth Date: _____ Health Card Number: _____

Doctor's name & Phone Number: _____

Health and/or learning concerns: _____

Township of Wilmot Summer Camp Information Form

Form 2 of 4

Full Name: _____ Gender (Please Circle) M F

Age: _____ Birth Date: _____ Health Card Number: _____

Doctor's name & Phone Number: _____

Health and/or learning concerns: _____

Master Contact /Parent's Information:

Parent/Guardian's Full Name: _____

Home Phone Number: _____ Work Number: _____

Alternate Contact/ Cell Numbers: _____

Home Address: _____

City: _____ Postal Code: _____

PARENT EMAIL ADDRESS: day _____ evening _____

Emergency Contact Information:

1. Full Name: _____ Phone Number: _____

Relationship to Camper(s): _____

2. Full Name: _____ Phone Number: _____

Relationship to Camper(s): _____

MEDICAL INFORMATION – Specify name of child if multiple children on form.

Special Medical Information (eg. Hearing disorder, diabetes, vision impairment, epilepsy, learning disorders):

Allergies (list severity & intervention required):

*****If medication is to be administered during program time, you will need to fill out a Medical Administration Form. These forms may be obtained from the leaders at your program site.***

SPECIAL NEEDS INFORMATION

Please complete this section if your child has special needs/disabilities.

Child's Name: _____

Nature of Special Need:

Will your child be coming in a wheelchair? YES NO

How will the child's need affect participation in the program?

Please provide some ideas to assist staff in providing a positive experience for the participant.

Master Contacts Initials: _____

Township of Wilmot Summer Camp Information Form
PARENTAL/GUARDIAN CONSENT FORM FOR PARTICIPANT Form 4 of 4

For: _____

Name(s) of Child(ren)

A. EXCURSIONS OFF THE PROPERTY

The child(ren) listed on the form may occasionally leave the program premises with the staff for special outings within walking distance (eg. Picnics and Trails). Program staff members are not permitted to drive participants at any time during the program, for any reason. A notice will always be posted at the Wilmot Recreation Complex to indicate the whereabouts of your child as well as the expected time of return.

Master Contacts Initials: _____

B. PROGRAM ARRIVAL AND DEPARTURE

How will your child(ren) come and go from the program? (please include Master Contact as one of the three). My child(ren) will be dropped off or picked up by one of the following (*photo ID may be requested by staff*)

1) _____ 2) _____ 3) _____

****If somebody other than those individual(s) listed above is to pick up your child from the site, written consent will be required *prior* to releasing the child(ren).**

Master Contacts Initials: _____

C. EMERGENCY MEDICAL TREATMENT

In the event of an accident or illness involving my child while attending the program I hereby authorize, if I am not immediately available, the administration of any medical procedure deemed necessary by the child's physician, or any other physician selected by program staff (including lifeguards). I also give my permission for my child to be transported to the physician's office of the Hospital Emergency Department with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required; billing for the ambulance will be forwarded to the master contact specified on the registration form.

YES NO

Master Contacts Initials: _____

D. AUTHORIZATION FOR PUBLICITY

The above mentioned participant(s) may appear in advertising/publicity arranged for by the Township of Wilmot, through various media outlets including but not limited to the television, radio, slide presentations, newspapers, and other print and electronic publications.

YES NO

Master Contacts Initials: _____

E. HAND SANITIZER PERMISSION

I hereby grant permission for my child(ren) _____ to use hand sanitizer while in the care of the Township of Wilmot day camps.

Township of Wilmot Summer Camp Information Form

I do not grant permission for my child(ren)_____ to use hand sanitizer while in the care of the Township of Wilmot day camps due to an allergy or sensitivity.

Please list the ingredients your child(ren) is allergic or sensitive to:-

Master Contacts Initials: _____

F. PARENT/GUARDIAN CONFIRMATION

I have read and understood the specific program details outlined above. YES NO

If no, please specify: _____

Signature: _____ **Date Completed:** _____