



SUMMER 'SCAPES DAY CAMP REGISTRATION 2018

A. GENERAL INFORMATION – Please Complete Section in Full (Mark N/A if not applicable)

CHILD'S NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ (CITY) _____ (POSTAL CODE) _____

HOME PHONE # (____) _____ ALTERNATE PHONE # (____) _____ Work Cell

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____ (Please let your Emergency contact know that they are listed)

EMERGENCY PHONE # (____) _____ ALTERNATE PHONE # (____) _____ Work Cell

CHILD'S CARE CARD # _____

DOCTOR'S NAME _____ DOCTOR'S PHONE NUMBER (____) _____

MEDICATIONS: _____ ALLERGIES: _____

MEDICAL HEALTH ISSUES: _____

OTHER INFORMATION YOU WOULD LIKE US TO KNOW: _____

B. REGISTRATION DATES and RATES – Select preferred day(s)/week(s) – registration is based on capacity.

Bring completed registration form and full payment to the Mathieson Centre at 45195 Wells Road, Chilliwack BC between 8:30AM and 4:30PM, Monday to Friday.

1. **FULL PAYMENT IS DUE AT TIME OF REGISTRATION.** Cheque preferred, or Cash. No debit/credit available at Mathieson.
2. Please mark the dates you wish your child to attend. You will be notified if the selected days/weeks are full.
3. Early Bird Registration - if you register before **May 14th 2018** you will receive \$10.00 off each week.
4. Please enclose a picture of your child. It is important that we have a picture of your child for safety purposes.
5. Before and after program care may be available if needed, please see additional cost.

| WEEK | DAYS OF THE WEEK Check Days <input checked="" type="checkbox"/> | DAILY COST IF LESS THAN FULL WEEK (# of DAYS X \$30. ⁰⁰) | WEEKLY COST | | Before and After Care Daily Cost |
|--------------------|--|--|--|---|-------------------------------------|
| | | | FULL WEEK <input checked="" type="checkbox"/> (After May 14 th 2018) | EARLY BIRD (Before May 14 th 2018) | |
| July | M T W T F 9 10 11 12 13 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| July | 16 17 18 19 20 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| July | 23 24 25 26 27 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| July | 30 31 1 2 3 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| August (4 Days) | 7 8 9 10 | ___ X \$30. ⁰⁰ = | ___ @ \$100. ⁰⁰ (4 Days) | ___ @ \$ 90. ⁰⁰ (4 Days) | ___ x \$5.00 = ___ x \$5.00 = |
| August | 13 14 15 16 17 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| August | 20 21 22 23 24 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| August | 27 28 29 30 31 | ___ X \$30. ⁰⁰ = | ___ @ \$125. ⁰⁰ | ___ @ \$115. ⁰⁰ | ___ x \$5.00 = ___ x \$5.00 = |
| TOTAL | | ___ = \$ _____ #Days x \$30. ⁰⁰ | ___ = # Weeks x \$/Week | ___ = _____ # @Weeks x \$/Week | |

Complete Section "C" on reverse

C. CONSENT REQUIRED – Please Review and Complete Each Section (Mark N/A if not applicable).

1. FIELD TRIPS: I give permission for (Child's Name) _____ to be transported by bus/van and participate in field trips organized by the Chilliwack Society for Community Living's (CSCL) Children & Youth Services Programs.

2. LIABILITY INSURANCE: is provided by CSCL, but participation in programmed sports and activities involves a risk of normal injuries associated with participation in the same. Your child's participation will be deemed to indicate your acceptance of such risks. Therefore, the Chilliwack Society for Community Living accepts no responsibility for such normal activity risks.

3. PHOTOGRAPHIC RELEASE: Please check below if it is 'OK' for CSCL to use and reproduce photographs taken of your Child and to circulate some for promotional or educational purposes.

Please check one It is **OK** to take pictures of my Child It is **NOT OK** to take pictures of my Child

4. CONSENT TO APPLY SUN BLOCK & BUG SPRAY

Signing this consent form gives permission to CSCL Children & Youth Services Staff to apply either Bug Spray or Sun Block to your child/youth.

I hereby give consent for (Child's Name) _____ to have Sun block or Bug Spray applied to their skin while attending the Summer 'Scapes Program. *(Please check all applicable)* Bug Spray Sun Block

Comments: _____

5. RELEASING CHILD TO OTHER PERSON(S) (Mark N/A if not applicable)

A Child will not be released to any individual UNLESS we have your permission. Please list below any person(s), other than yourself, that ARE AUTHORIZED to pick up your Child. Individuals may be asked to show identification (if staff does not know the person).

A. Name: _____ Phone #: (____) _____
Relationship to Child: _____

B. Name: _____ Phone #: (____) _____
Relationship to Child: _____

C. We must be informed in advance, with written notice, if there are any persons who **ARE NEVER AUTHORIZED** to pick up your Child. Any restrictions in regards to your Child's pick up should be noted and a court order or restraining order should be provided to us. Please list below *(E.g. Parent A has sole custody; Parent B is not to pick up)*.

Name: _____ Relationship to Child: _____

Comments: _____

IMPORTANT NOTES:

A) Please be aware that we do not have the legal right to deny access of any parent to their child unless a court order or restraining order should indicate this.

B) Children will not be allowed to leave the premises on their own without written permission from the parent or guardian.

I understand and agree with the information indicated above.

Signature of Parent/Guardian: _____ Date: _____

Name of Person Responsible For Granting Permission: _____ *(Please Print)*

Your Relationship to the Child/Youth: _____

How did you hear about us? Website Friends or Family School Other: _____

**Bring completed registration form and full payment to:
Mathieson Centre at 45195 Wells Road, Chilliwack BC V2R 1H6 (Corner of Wells and Sunshine Drive)
Between 8:30 and 4:30, Monday to Friday**