



20 Bansley Avenue
 Toronto, Ontario
 M6E 2A2
 Tel.: (416) 397-6300

<input type="checkbox"/> 8am - 6pm
<input type="checkbox"/> 9am - 4pm

Summer Camp

REGISTRATION FORM 2017

Please print clearly.

CHILD'S GENERAL INFORMATION

NAME		
BIRTH DATE (M/D/Y)	AGE	FAVORITE: PERSON, TOY, FOOD
DOCTOR'S NAME	DOCTOR'S PHONE	DOES YOUR CHILD HAVE AN ALLERGY(IES)? (IF YES, PLEASE SPECIFY)
DOES YOUR CHILD HAVE A DEVELOPMENTAL AND/OR PHYSICAL CHALLENGE(S)? (IF YES, PLEASE SPECIFY)	DOES HE OR SHE REQUIRE ONE-ON-ONE CARE? (\$12.00 HOURLY + 15% EMPLOYEE BENEFIT)	
IS YOUR CHILD TAKING ANY MEDICATION? (IF YES PLEASE SPECIFY)		

PARENT/GUARDIAN INFORMATION

MOTHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	
CELL/PAGER CONTACT NAME		CELL/PAGER	
FATHER'S FULL NAME			
STREET NAME & NUMBER		CITY/PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	EXTENSION	
CELL/PAGER CONTACT NAME		CELL/PAGER	
NAME OF PARENT TO RECEIVE TAX RECEIPT			

EMERGENCY CONTACTS & INFORMATION (IN CASE YOU CANNOT BE REACHED)

PRIMARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION
SECONDARY EMERGENCY CONTACT'S NAME	PHONE	EXTENSION

I give permission for my child _____ to be taken to the hospital in case of an emergency, and consent to emergency treatment until the time of my arrival at the hospital.

I understand that every effort will be made to contact me in the event that such an emergency takes place.

Signature of Parent/Guardian

Date Signed



20 Bantley Avenue
Toronto, Ontario
M6E 2A2
Tel.: (416) 397-6300

Summer Camp

Indemnity Form

(PLEASE SIGN AND RETURN THIS FORM TO **ST. BERNADETTE'S FAMILY RESOURCE CENTRE**.)

In consideration of **St. Bernadette's Family Resource Centre** allowing my/our, son/daughter,

Name of Child:

to take part in the programs operated by **St. Bernadette's F.R.C.**, the undersigned hereby covenant and agree to indemnify and save harmless **St. Bernadette's F.R.C.** and its employees and agents against any liability incurred by them by reason of:

- (a) the admission of my/our son/daughter into such programs
- (b) any care, transportation of services provided to my/our son/daughter by **St. Bernadette's Family Resource Centre**, its employees or agents; or
- (c) the behaviour and mental or physical incapacity of my/our son/daughter.

Dated at _____ this _____ day of _____ 20____

Witness

Signature of Mother or Guardian

Witness

Signature of Father or Guardian

(Where there is more than one parent or guardian, the signatures of both parents or all guardians are required.).



20 Bansley Avenue
Toronto, Ontario
M6E 2A2
Tel.: (416) 397-6300

PERMISSION FORM

As part of the program's activities, we will be going on local outings. These include trips to the local parks (i.e. Fairbank Park), library, neighbourhood walks, etc. We will also be going on weekly fieldtrips outside of the neighbourhood. You will be notified of these fieldtrips, and separate permission forms will be sent home to be signed and returned.

To have your child participate in local outings, please sign below.

I _____ hereby give permission for my
(parent's name)

child _____ to participate in local outings.
(child's name)

Parent's Signature

Date

Children between 6 and 12 years of age will be going swimming in the afternoon at Fairbank Pool. If you would like your child to go swimming, you must sign below.

I _____ hereby give permission for my
(parent's name)

child _____ to go swimming at Fairbank Pool.
(child's name)

Parent's Signature

Date

Please check only one of the following:

- My child can swim in the **deep end**.
- My child can swim in the **shallow end**.
- My child is **nervous** or **scared** in swimming pools.

For your child's safety, please designate the individuals that have your permission to pick-up your child from the program. Our staff will not allow your child to leave the premises with any other individual, unless they are indicated on this list.

PLEASE PRINT CLEARLY

Name of Individual Designated for Pick-up	Relation to Child	Phone Number
1.		
2.		



20 Bansley Avenue
Toronto, Ontario
M6E 2A2
Tel.: (416) 397-6300

Summer Camp

CONSENT FORM for CHILD(REN)'S PICTURES, VIDEO AND MEDIA PRESS

I, _____, give consent for my child
_____ to be photographed, video taped by staff or
media for use in the centre, brochures, St. Bernadette's website and media press.

PARENT/GUARDIAN SIGNATURE

DATE