



guelphoutdoorpreschool.com

Orchard Park, Ignatius Jesuit Centre
5420 Hwy 6 North
Guelph, ON N1H 6J2

SUMMER ADVENTURE CAMP ENROLLMENT FORM

ENROLMENT DATE	WITHDRAWAL DATE
ADMINISTRATIVE USE ONLY	

Child's Name: _____ Date of Birth: _____
(dd/mm/yyyy)

Home address _____

Parent/Guardian 1:

Name: _____

Home address (if different):

Phone (h) _____ (c) _____ (w) _____

Work address: _____

Parent/Guardian 2:

Name: _____

Home address (if different): _____

Phone # (h) _____ (c) _____ (w) _____

Work address: _____

Alternate Emergency Contacts

(To be called in the event that the parents/guardian's cannot be reached)

Name: _____ Relationship to child _____

Address _____

Phone # (h) _____ (c) _____ (w) _____

Name: _____ Relationship to child _____

Address _____

Phone # (h) _____ (c) _____ (w) _____

Family Physician: _____ Phone # _____

Address _____

Medical conditions or allergies: _____

Does child require an EpiPen **Yes** or **No**? If yes, please complete Individual Anaphylaxis Form

Alternate people approved to pick up child (other than parents/guardians):

PERMISSION TO TAKE PART IN FIELD TRIPS

I hereby give permission for my child to take part in walks, field trips and other excursions on the Ignatius Jesuit Centre property.

Parent/Guardian Signature _____ Date: _____

PUBLICITY CONSENT

I hereby give permission for my child to participate in any publicity arranged for the Summer Adventure Camp by the Guelph Outdoor Preschool through various media such as newspapers, photographs, television, slide presentations and videos.

Parent/Guardian Signature _____ Date: _____

WAIVER AND RELEASE OF ALL CLAIMS

The undersigned parent(s), or guardian(s) of the student(s) hereby releases and waives any and all claims against Summer Adventure Camp and the Guelph Outdoor Preschool and it's director Mariya Kazakevich, and her assistants, including but not limited to personal and bodily injuries and loss of damage to property of the student which may occur while participating in camp activities. The undersigned represents that the student is in good health and does not have any history of a medical or physical condition that would place the student at risk because of his/her condition.

Parent/Guardian Signature _____ Date: _____

PARENT CONTRACT

I have read the Guelph Outdoor Preschool's Parent Handbook and understand and agree to all its' policies, terms and conditions as it pertains to the Summer Adventure Camp.

Parent/Guardian Name

Parent/Guardian Signature

Date:

Witness Signature

Date:

PLEASE NOTE:

The *Day Nurseries Act and Immunization of School Pupils Act* requires that students have up to date immunizations for **Tetanus, Diphtheria, Polio, Measles, Mumps, Rubella (German measles), Meningococcal disease (Meningitis), Pertussis (Whooping cough), and Varicella (Chickenpox).**

In order to attend licensed child care in Wellington-Dufferin-Guelph, you must provide one of the following:

- A complete history of your child's immunizations to Public Health (Medical Officer of Health)
- A valid written exemption if you decide not to immunize your child because of medical, religious, or philosophical reasons. PLEASE NOTE: at the time of school entry a signed medical exemption form from your physician or nurse practitioner or a statement of conscience or religious belief affidavit signed by a commissioner of oaths will be required.

It is the responsibility of the parent/guardian to maintain up to date immunization records for their child(ren). When additional immunizations are given please report them to Wellington-Dufferin-Guelph Public Health by calling **1-800-265-7293 ext: 4396** or ask to speak to "Immunization Records".

If you are unable to complete this form or cannot locate your child's immunization record, please contact your health care provider for further assistance.

The information on this form is collected under the authority of the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. This information will be used for the delivery of public health programs and services; the administration of the agency; and the maintenance of healthcare databases, registries and related research, in compliance with legal and regulatory requirements. Any questions about the collection of this information should be addressed to the Chief Privacy Officer at 1-800-265-7293 ext 2975.