Culture and Leisure Services
City of Beaconsfield
1974 City Lane, Beaconsfield
514 428-4520

BEACONSFIELD

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Information Form - Beaconsfield Day Camp

1. CHILD'S INFORMATION

First name		Sex : ☐ M ☐ F
Family name		Date of Birth : YYYY-MM-DD
Principal address		
City		Postal code :
Medicare Card Nº		Expiry date :
Is this the child's first time at camp? ☐ Yes ☐ No		
Primary language spoken at home :	Other languages spoken :	

2. PARENT(S) / GUARDIAN(S) INFORMATION

Parent 1 / Guardian 1		Parent 2 / Guardian 2	
First name		First name	
Family name		Family name	
Relation to child		Relation to child	
Address : ☐ Same as child ☐ If other, specify below :		Address : ☐ Same as child ☐ If other, specify below :	
Telephone Nº	Home :	Telephone Nº	Home :
	Work :		Work :
	Cell. :		Cell.:
E-mail:		E-mail	

Please indicate IN ORDER OF PRIORITY (1-2-3-4) the best way to communicate with you:

☐ Cell Phone ☐ Work Phone ☐ Home Phone ☐ E-mail

Note: All camp information such as schedules etc. will be sent by email.
If you do not have access to an e-mail account, the staff will be happy to provide you with a printed version upon request.

3. EMERGENCY CONTACTS (Other than Parent(s) / Guardian(s) listed above)

Contact 1		Contact 2	
First name		First name	
Family name		Family name	
Relation to child		Relation to child	
Telephone Nº	Home :	Telephone Nº	Home :
	Work :		Work :
	Cell. :		Cell.:

4. RELEVÉ 24 (Must be in the name of the person paying the registration fee)

First name		Social Insurance Nº	
Family name			

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5. PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP

Only the persons listed below will be authorized to drop off or pick up your child

Contact 1		Contact 2	
First name		First name	
Family name		Family name	
Relation to child		Relation to child	
Contact 3		**Contact 4**	
First name		First name	
Family name		Family name	
Relation to child		Relation to child	

6. CONDITIONS OF REGISTRATION (Check ☑ to indicate agreement with condition)

☐ **AUTHORIZED PERSONS**
Only the persons listed in Section 5 will be authorized to drop off or pick up your child from camp.

☐ **ARRIVAL AND DEPARTURE TIMES**
Children must arrive at camp before 9 a.m. and be picked up after 4 p.m. Should your child need to leave camp prior to 4 p.m., parents shall advise the camp supervisor by phone or e-mail at least 24 hours in advance.

☐ **EMERGENCY MEDICAL CARE**
I authorize the City of Beaconsfield to make arrangements for all emergency medical care, including hospitalization and transportation by ambulance if necessary, and agree to pay for all associated costs.

☐ **HEALTH STATUS**
I declare that the information provided in the medical form is complete and valid. I agree to inform the City of any changes in my child`s health. Should my child show signs of illness while at camp, I agree to pick up my child within 45 minutes of receiving notification from City personnel.

☐ **RESPECT OF RULES**
The City reserves the right to suspend or revoke the registration of any child who does not respect camp rules. (violence, bullying, etc)

☐ **REFUND POLICY**
All refund requests must be submitted using our online form available at **beaconsfield.ca/en/summer-camps**

DAY CAMP :

- Requests received on or before May 31 are subject to a $25 (+ taxes) administration fee per child per week.
- Requests received on or after June 1 will be subject to a fee of 50% (+ taxes) of the total paid per child, per week.
- Requests received less than 7 business days (the Monday) prior to the registration week will not be accepted.

ANIMATION IN THE PARK:

- Refunds are not available for this program.

7. ACCEPTANCE OF REGISTRATION CONDITIONS

☐ I have read, understood and accept the registration conditions listed above.
☐ I have read, understood and will abide by the information provided in the Parent's Guide.
☐ I understand that completing and submitting this form does not confirm my child's registration in this camp.

8. PHOTOS

☐ I AUTHORIZE the City to take photos/videos of my child which may later be used by the City for promotional purposes.

☐ I DO NOT AUTHORIZE the City to take photos/videos of my child which may later be used by the City for promotional purposes.

Name of Parent / Guardian : FIRST NAME	FAMILY NAME
Signature of Parent / Guardian:	Date:

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Medical Information Form – Beaconsfield Day Camp

1. CHILD'S INFORMATION

First name		Sex : ☐ M ☐ F
Last name		Date of Birth : Y Y Y Y- M M – D D

2. ALLERGIES, INTOLERANCES AND DIETARY RESTRICTIONS

Does your child have allergies or intolerances? Ex : food, animal, insect, medication, environmental If yes, specify				☐ Yes ☐ No	
ALLERGEN | INTOLERANCE	Mild	Severe	Fatal	If ingested	On contact
1.	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐
Auto-injector? *Épinephrine* (*Épipen*, *Twinject*, other) ☐ Yes ☐ No	Persons authorized to administer : ☐ Child can auto-inject ☐ City personnel can administer				
Dietary restrictions (other than allergies)? ☐ Yes ☐ No	Specify :				

3. HEALTH STATUS

My child suffers from:		**If yes, provide details : severity, treatment, etc.**
Asthma	☐ Yes ☐ No	
Eczema	☐ Yes ☐ No	
Motion sickness	☐ Yes ☐ No	
Headaches / Migraines	☐ Yes ☐ No	
Frequent nausea / vomitting	☐ Yes ☐ No	
Frequent ear infections	☐ Yes ☐ No	
Heart condition	☐ Yes ☐ No	
Skin irritation	☐ Yes ☐ No	
Noise bleeds	☐ Yes ☐ No	
Sinusitis	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Epilepsy	☐ Yes ☐ No	
OTHER :		
My child takes medication	☐ Yes ☐ No	Name of medication : Prescribed for :

4. SWIMMING ABILITY

Child's ability in the water : ☐ Can swim alone in deep water ☐ Can swim alone in shallow water	☐ Cannot swim alone, requires assistance ☐ Must wear ear plugs ☐ Can swim with a PFD (life jacket)
Has your child taken swimming lessons? ☐ Yes ☐ No	Last swimming level completed :

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5. BEHAVIOURS

Does child exhibit the following behaviours?	FREQUENT	OCCASIONAL	SELDOM	NEVER
Bites	☐	☐	☐	☐
Spits	☐	☐	☐	☐
Hits	☐	☐	☐	☐
Rough houses	☐	☐	☐	☐
Yells	☐	☐	☐	☐
Uses inappropriate language (insults/name calling)	☐	☐	☐	☐
Shows opposition to rules and regulations	☐	☐	☐	☐
Wanders (leaves the group)	☐	☐	☐	☐
Breaks objects	☐	☐	☐	☐
Is intolerant to noise	☐	☐	☐	☐
Becomes anxious in certain situations	☐	☐	☐	☐
Can be aggressive towards others	☐	☐	☐	☐

Obsessions / Habits
Specify :

When do these behaviours tend to appear?	**How do you suggest camp staff intervene?** (e.g.; Ignore, humour, redirection, etc.)
Does your child exhibit phobias / fears? ☐ Yes ☐ No (e.g.: animals, water, heights, etc.)	**If yes, please suggest how staff should intervene?**
Does your child have difficulty expressing him / herself, asking for help or starting a conversation? ☐ Yes ☐ No - If Yes, please specify :	**Does your child adapt easily to new situations?** (e.g. people, activities, experiences?) ☐ Yes ☐ No

Relationship with others – How does your child interact with :

Other children:

Authority figures:

New acquaintances:

Does your child have any special needs? ☐ Yes ☐ No	**If yes, please complete the Special Needs evaluation form Request this form at the reception des**
Has your child received a diagnosis? ☐ Yes ☐ No	**If no, is he/she in the process of being diagnosed?** ☐ Yes ☐ No

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Special Needs evaluation – Beaconsfield Day Camp

1. DIAGNOSIS / SPECIAL NEEDS

☐ Intellectual disability	☐ Mild ☐ Moderate ☐ Severe Specify :
☐ Autism Spectrum disorder (ASD)	Specify (Asperger, other) :
☐ Motor impairment	Specify :
☐ Visual impairment	Specify :
☐ Auditory impairment	Specify :
☐ Speech/Language impairment	☐ Expression ☐ Comprehension ☐ Combined Specify :
☐ Attention Deficit Disorder (ADD/ADHD)	☐ With hyperactivity ☐ Without hyperactivity Specify :
☐ Mental Health Disorder	☐ Anxiety ☐ Attachment ☐ OCD ☐ Depression If other, specify :
☐ Behaviour Disorder	☐ Opposition ☐ Agression ☐ Passive If other, specify :
☐ Other (s) Down Syndrome, etc.	Specify :

2. BEHAVIOURS

	FREQUENT	OCCASIONAL	SELDOM	NEVER
Intolerance to noise	☐	☐	☐	☐
Difficulty transitionning through activities	☐	☐	☐	☐
Difficulty handling unexpected situations	☐	☐	☐	☐
Tactile discomfort (does not like to be touched)	☐	☐	☐	☐
Tendency to have tantrums	☐	☐	☐	☐
Causes harm to himself / herself	☐	☐	☐	☐

What intervention methods do you recommend to calm these behaviors?	
What are your child's favourite interests, pastimes or hobbies?	
What are the best methods to encourage/motivate or calm your child?	

Suggest activities which might facilitate your child's integration in camp activities (e.g. alone time, walks, reading) :

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3. LEVEL OF AUTONOMY

	Task / Activity	Regular assistance	Occasional assistance	Verbal cues	Autonomous
Communication	Communication with others				
	Understanding instructions				
	Ability to make him / herself understood				
	Communication tools used : ☐ Pictograms ☐ Board ☐ Computer ☐ Quebec Sign Language (QSL) ☐ Gestures				
Participation in activities	Willingness to participate in activities				
	Interaction with adults				
	Interaction with other children				
	Ability to work in a group				
	Fine motor skills (crafts)				
	Gross motor skills (sports, ball games)				
Every day life	Dressing (tying shoes, putting on hat)				
	Personal hygiene Specify :				
	Eating				
	Managing personal belongings (lunch bag, backpack, etc)				
	Staying with the group				
	Avoidance of dangerous situations (awareness of personal danger)				

4. COMPANIONSHIP

Does your child require a companion? ☐ Yes ☐ No	Does your child work with a companion during the school year? ☐ Yes ☐ No

In order to assist with the assessment of my child`s needs, I authorize the City to contact the following :			
Organization (CRDI, CSSS, School, etc.)	Name of Contact	Position	Contact information

5. ACCEPTANCE OF REGISTRATION CONDITIONS

☐ I agree to meet with City staff prior to the beginning of camp and during the camp season as required
☐ I understand that my child must abide by the same rules as the other children.
☐ I understand that my child`s needs will be assessed prior to my registration being confirmed.
The City conforms to all applicable legal guidelines.

Name of Parent / Guardian : FIRST NAME	FAMILY NAME
Signature of parent / Guardian:	Date :