

Information Form - Beaconsfield Day Camp

1. CHILD'S INFORMATION

First name		Sex : <input type="checkbox"/> M <input type="checkbox"/> F
Family name		Date of Birth : YYYY-MM-DD
Principal address		
City		Postal code :
Medicare Card N°		Expiry date :
Is this the child's first time at camp? <input type="checkbox"/> Yes <input type="checkbox"/> 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 : <input type="checkbox"/> Same as child <input type="checkbox"/> If other, specify below :		Address : <input type="checkbox"/> Same as child <input type="checkbox"/> If other, specify below :	
Telephone N°	Home :	Telephone N°	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 N°	Home :	Telephone N°	Home :
	Work :		Work :
	Cell. :		Cell.:

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

First name		Social Insurance N°	
Family name			

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)

<input type="checkbox"/> AUTHORIZED PERSONS Only the persons listed in Section 5 will be authorized to drop off or pick up your child from camp.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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)
<input type="checkbox"/> REFUND POLICY Requests for refunds or transfers must be made in writing to the City of Beaconsfield. DISCOVERY AND ADVENTURE CAMPS: <ul style="list-style-type: none"> ▪ Requests received prior to June 1 will be subject to an administration fee of \$25 (+ tax) per child, per week. ▪ Refunds received after June 1, but 7 days prior to the beginning of the weekly session will be subject to an administration fee of 50% of the of the weekly camp fee (+ tax), per child, per week. ▪ Refunds will not be issued for any request received less than 7 days prior to the beginning of the camp week. ▪ Registrations cannot be transferred from one child to another or from one week to another. PARKS PROGRAM : <ul style="list-style-type: none"> ▪ 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:

Medical Information Form – Beaconsfield Day Camp

1. CHILD'S INFORMATION

First name		Sex : <input type="checkbox"/> M <input type="checkbox"/> F
Last name		Date of Birth : YYYY-MM-DD

2. ALLERGIES, INTOLERANCES AND DIETARY RESTRICTIONS

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

3. HEALTH STATUS

My child suffers from:	If yes, provide details : severity, treatment, etc.
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eczema <input type="checkbox"/> Yes <input type="checkbox"/> No	
Motion sickness <input type="checkbox"/> Yes <input type="checkbox"/> No	
Headaches / Migraines <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent nausea / vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequent ear infections <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart condition <input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin irritation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Noise bleeds <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sinusitis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER :	
My child takes medication <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of medication : Prescribed for :

4. SWIMMING ABILITY

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

5. BEHAVIOURS

Does child exhibit the following behaviours?	FREQUENT	OCCASIONAL	SELDOM	NEVER
Bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rough houses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses inappropriate language (insults/name calling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows opposition to rules and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanders (leaves the group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breaks objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is intolerant to noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becomes anxious in certain situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be aggressive towards others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No - If Yes, please specify :		Does your child adapt easily to new situations? (e.g. people, activities, experiences?) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship with others – How does your child interact with : Other children: Authority figures: New acquaintances:				
Does your child have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete the Special Needs Evaluation Form. Request this form at the reception desk.		
Has your child received a diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, is he/she in the process of being diagnosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		