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

BEACONSFIELD

SUMMER 2024

CONFIDENTIAL
Once completed

Information Form - Beaconsfield Day Camp

1. CHILD'S INFORMATION

First name		Sex :	☐ M ☐ F
Family name		Date of Birth :	Y Y Y Y - M M - D D
Main address			
City		Postal code :	
Medicare Card #		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:

4 Cell phone 4 Work Phone 4 Home Phone 4 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. Include parents/guardian.

1	First name		**2**	First name	
	Family name			Family name	
	Relation to child			Relation to child	
3	First name		**4**	First name	
	Family name			Family name	
	Relation to child			Relation to child	
5	First name		**6**	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). Parents/guardians are not permitted inside the camp rooms.

☐ **DAY CAMP REFUND POLICY:** All refund requests must be submitted using our online form. 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. Registrations cannot be transferred from between children or from week to week.
Online forms available at beaconsfield.ca/en/summer-camps

ANIMATION IN THE PARK REFUND POLICY: 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 AUTHORIZE the City to take photos/videos of my child which may be used in the year end slideshow.
☐ I DO NOT AUTHORIZE the City to take photos/videos of my child which may later be used by the City for promotional purposes or the slideshow.

Name of Parent / Guardian: FIRST NAME	FAMILY NAME
Signature of Parent / Guardian:	Date: 2/23/24

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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 ☐ Yes ☐ No
If yes, specify

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 (CHECK ALL THAT APPLY)

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	☐	☐	☐	☐
Roughhouses	☐	☐	☐	☐
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
Please specify :

When do these behaviours tend to appear?	**How do you suggest camp staff intervene?** (Ex: 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 send an email to kathy.kostlivy@beaconsfield.ca.**
Has your child received a diagnosis? ☐ Yes ☐ No	**If no, is he/she in the process of being diagnosed?** ☐ Yes ☐ No