

INFORMATION FORM - Beaconsfield Summer Camp

CHILD'S INFORMATION

First name			Sex : ☐ M ☐ F
Family name			Date of Birth : YYYY-MM-DD
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:	

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 N°	Home:	Telephone N°	Home:
	Work:		Work:
	Cell:		Cell:
E-mail:		E-mail	
AUTHORIZATION TO PICK CHILD UP FROM CAMP ☐ YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP ☐ NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP		AUTHORIZATION TO PICK CHILD UP FROM CAMP ☐ YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP ☐ NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP	

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 or other, will be sent by email.
If you do not have access to an email address, ask the staff to provide you with a paper copy.*

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

First name		Social Insurance N°	
Family name			

☐

I understand that my Relevé 24 tax slip will be available on my IC3 registration profile in February 2027.
If I require a physical copy, I will contact the City of Beaconsfield to request one.

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:
AUTHORIZATION TO PICK CHILD UP FROM CAMP ☐ YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP ☐ NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP		AUTHORIZATION TO PICK CHILD UP FROM CAMP ☐ YES, THIS PERSON IS AUTHORIZED TO PICK-UP THE CHILD FROM CAMP ☐ NO, THIS PERSON IS NOT AUTHORIZED TO PICK-UP THE CHILD FROM CAMP	

ADDITIONAL CONTACTS

List any individuals (who have not already been listed) who will be authorized to pick up your child from camp and/or act as an emergency contact.

1	First Name		2	First Name	
	Last Name			Last Name	
	Telephone N°			Telephone N°	
	Relation to Child			Relation to Child	
	AUTHORIZATIONS (CHECK ALL THAT APPLY) ☐ THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP ☐ THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY			AUTHORIZATIONS (CHECK ALL THAT APPLY) ☐ THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP ☐ THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY	
3	First Name		4	First Name	
	Last Name			Last Name	
	Telephone N°			Telephone N°	
	Relation to Child			Relation to Child	
	AUTHORIZATIONS (CHECK ALL THAT APPLY) ☐ THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP ☐ THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY			AUTHORIZATIONS (CHECK ALL THAT APPLY) ☐ THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP ☐ THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY	
5	First Name		6	First Name	
	Last Name			Last Name	
	Telephone N°			Telephone N°	
	Relation to Child			Relation to Child	
	AUTHORIZATIONS (CHECK ALL THAT APPLY) ☐ THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP ☐ THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY			AUTHORIZATIONS (CHECK ALL THAT APPLY) ☐ THIS PERSON IS AUTHORIZED TO PICK UP THE CHILD FROM CAMP ☐ THIS PERSON MAY BE CONTACTED IN THE CASE OF AN EMERGENCY	

MEDICAL INFORMATION FORM – Beaconsfield Summer Camp

CHILD'S INFORMATION

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

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
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐
Auto-injector? Épinephrine (Épipen, Twinject, other)	Persons authorized to administer:		
☐ Yes ☐ No	☐ Child can auto-inject ☐ City personnel can administer		
Dietary restrictions (other than allergies)?	Specify :		
☐ Yes ☐ No			

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 / vomiting ☐ 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:

SWIMMING ABILITY (CHECK ALL THAT APPLY)

Child's ability in the water: ☐ Can swim alone in deep & shallow water. ☐ Can swim alone ONLY in shallow water.	☐ Must wear ear plugs. ☐ Must wear a PFD (lifejacket) while swimming ☐ Cannot swim.
Has your child taken swimming lessons? ☐ Yes ☐ No	Last swimming level completed:

BEHAVIOURS

Does the child exhibit the following behaviours?	FREQUENT	OCCASIONAL	SELDOM	NEVER
Bites	☐	☐	☐	☐
Spits	☐	☐	☐	☐
Hits	☐	☐	☐	☐
Roughhouses	☐	☐	☐	☐
Yells	☐	☐	☐	☐
Uses inappropriate language (<i>insults/name calling</i>)	☐	☐	☐	☐
Shows opposition to rules and regulations	☐	☐	☐	☐
Wanders (<i>leaves the group, runs away</i>)	☐	☐	☐	☐
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? (<i>Ignore, humour, redirect, etc.</i>)		
Does your child exhibit phobias / fears? ☐ Yes ☐ No (<i>Ex: animals, water, heights, etc.</i>)		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? (<i>e.g. people, activities, experiences</i>) ☐ 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 camps@beaconsfield.ca		
Has your child received a diagnosis? ☐ Yes ☐ No		If no, is he/she in the process of being diagnosed? ☐ Yes ☐ No		

Please provide any additional information regarding your child and/or their behavior that may be helpful for our staff to know.

CONDITIONS OF REGISTRATION (Check ☒ to indicate agreement with condition)

☐	AUTHORIZED PERSONS: Only the persons indicated as Authorized to Pick-Up 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.
☐	BEHAVIOURAL STATUS: I declare that the information provided in the behaviour form is accurate and complete. I acknowledge that should my child's needs surpass the resources available, the City of Beaconsfield may be required to cancel the registration to camp.
☐	RESPECT OF RULES: The City reserves the right to suspend or revoke the registration of any child who does not respect camp rules (<i>violence, bullying, etc.</i>). 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 and per week. Requests received on or after June 1 will be subject to a fee of 50% (+ taxes) of the total paid per child and 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 one child to another child or from week to another week. <u>Online forms available at beaconsfield.ca/en/summer-camps</u> ANIMATION IN THE PARK REFUND POLICY: Refunds are not available for this program.

ACCEPTANCE OF REGISTRATION CONDITIONS

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

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: