



2017 Summer Day Camp

Thank you for enrolling your child in our Summer Day Camp program. We hope that your child will enjoy the time that they spend with us. Please take the time to read the following

Camp hours: Monday - Friday from 9:00 am to 5:00 pm
Pre and Post Camp care is provided at no extra cost from 7:30 to 9:00 am and from 5:00 to 6:00 pm
Day Camp is for elementary school aged children
Children are divided into age appropriate groups
Children 12 + may qualify to be Junior Leaders



Weekly Fee: Single child - \$100.00, Each additional child - \$50.00 Daily Rate: \$25.00 per child Program Fee Includes all day trips.

Please make cheques payable to: The Boys and Girls Club of Sarnia-Lambton.

Please take care filling out cheques and registration forms; they must be filled out and dated correctly before your child can be registered into the program.

Payment Schedule

**** First Week Of Summer Day Camp Is Payable At The Time of Registration ****

Week of	Date on cheque
July 03	at registration
July 10	July 03
July 17	July 10
July 24	July 17
July 31	July 24
August 07	July 31
August 14	August 07
August 21	August 14
August 28	August 21

The Club will be closed on August 07, 2017
Weekly rate still applies

Non-Sufficient Funds charge is \$40.00

Cancellation Policy: Written notice must be provided **One Week** prior to a cancellation. A **cancellation fee of \$50 per child** will be applied for each week that written notice is not received



The Boys and Girls Club of Sarnia-Lambton

A **Medical Form** must be filled out for each child participating in any of the Boys and Girls Club of Sarnia-Lambton Programs. A copy of your child's most recent immunization record and a current photo is also required. Please indicate the following on the back of the photograph.

Age Height Weight Eye Colour Hair Colour Other (braces, scars, freckles etc)

Children must be signed in and out of in and out of the program

Consent Forms for trips are usually distributed on Monday's, please check with staff to make sure that you receive one, it is important in terms of scheduling transportation etc. that the forms be returned to us by the day indicated. We, also, ask that you provide your child with a disposable lunch on those days.



Each child must bring a hat, towel, bathing suit, sun block and a water bottle. A change of clothes should be packed if deemed necessary. If the items are being left at the Club, please bring them in a bag with your child's name clearly marked.

To minimize risk of injury all children must:

WEAR SOCKS AND FULL RUNNING SHOES AT ALL TIMES.

If you have any questions or concerns, please speak to:

Jim Smith, Program Director: Telephone: 519.337.3651 email: jsmith@bgcsarnia.com



United Way
Sarnia-Lambton
theunitedway.on.ca



The Boys and Girls Club of Sarnia-Lambton 2017 Day Camp Registration Form

(Please complete a separate form for each child you wish to register)

Participant Information

Child's Name: _____ Male Female
 DOB (MM/DD/YYYY) _____ Age: _____ Grade Entering in Fall: _____
 Mailing Address: _____ City: _____
 Postal Code: _____ Phone Number: _____
 Child lives with: Both Parents Mother Father Other _____
 Are there any current issues which involve your child in terms of Court Orders, Custody Issues and/or Restraining Orders? If yes, please speak to our Program Director **YES**___ **NO**___

Primary Pickup and Emergency Contact

Name: _____ Relationship to child: _____
 Cell: _____ email address: _____
 Place of employment: _____ Phone: _____

Secondary Pickup and Emergency Contact

Name: _____ Relationship to child: _____
 Cell: _____ Work: _____ email address: _____

Any Other Persons Authorized to Pick up Your Child

Name: _____ Relationship: _____
 Name: _____ Relationship: _____

Password: _____ **Important: Give ONLY to persons picking up your child**
Please ensure that anyone picking up your child is aware that they will have to show photo ID

Please Select Required Weeks

___ July 03 ___ July 10 ___ July 17 ___ July 24 ___ July 31 ___ Aug 07
 ___ Aug 14 ___ Aug 21 ___ Aug 28

Registration Agreement: (Please circle and initial)

Enrollment/Payment Agreement YES ___ NO ___ I understand that I am responsible for payment for each week that my child is enrolled in the Day Camp as per the schedule provided to me with my confirmation of enrollment. I understand that The Boys and Girls Club of Sarnia-Lambton does not prorate for holidays or days that my child does not attend	Transportation YES ___ NO ___ I give consent for my child to be transported by the Boys & Girls Club of Sarnia-Lambton for field trips or emergency care.
Use of Likeness YES ___ NO ___ I consent for my child to be photographed, videotaped and/or interviewed for promotional use by the Boys and Girls Club of Sarnia-Lambton. I further understand that publication or use may occur in any in any media, including newspapers; magazines, television; brochures; pamphlets; instructional material; books; Internet, web pages, and educational material.	Handbook/Code of Conduct YES ___ NO ___ I have read and agree to abide by the terms in the Parent Handbook and the Client Code of Conduct Immunization/Photo YES ___ NO ___ I have provided a copy of my child's most recent immunization records and a recent photo

Parent/Guardian Signature _____

Date: _____



BOYS AND GIRLS CLUB OF SARNIA-LAMBTON
180 College Avenue North, Sarnia, ON, N7T 7X2

Release of Liability

In registering _____ to attend The Boys and Girls Club of Sarnia-Lambton (BGCS) Summer Day Camp I, the undersigned parent/guardian or other duly authorized party, hereby agree as follows:

1. To permit my child to participate in the full range of BGCS activities and authorize the BGCS Staff, in the event of accident, injury or illness affecting the above named child to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as may seem essential for the care and well-being of the said child. Such action is to be taken only when immediate contact with the undersigned cannot be made.

2. Having investigated the activities and resources of the Club to my satisfaction, I understand that due care and attention will be given to the safety of all participants including my child or ward, but that the Club, its officers and directors, staff and volunteers cannot be held liable for any injury or loss, howsoever caused, and I release the Club, its officers and directors, staff and volunteers on behalf of my child or ward, from any liability and from all claims arising, directly or indirectly, from participation by my child or ward in Club activities. I further understand that the Club reserves the right to remove my child or ward from the program if the Club deems it necessary to ensure the safety and well-being of other participants

Parent Guardian Signature

Date: _____





**The Boys and Girls Club of Sarnia-Lambton
Medical Form 2017- 2018**

Please complete a separate form for each child that you are registering

Participant Information

Child's Name: _____

DOB (MM/DD/YYYY): _____ Age: _____ Weight: _____ (lbs)

Health Card Number: _____

Physician: _____ Telephone No: _____

Medical Information

Does any of the following apply to your child? (please circle)

ADHD OCD Bipolar Special Needs: _____

Is your child subject to any of the following;

	Please circle	Please provide details
Motion sickness	Yes No	
Headaches	Yes No	
Fainting	Yes No	
Cramping	Yes No	
Ear Problems	Yes No	
Other:	Yes No	

Date of last Tetanus shot (MM/YY) _____

Is your child currently taking any medication ? Yes ____ No ____

Administration of Medication:

*Medication must be provided in original container, be properly labeled, and be picked up at the end of each day.
Please advise staff of changes regarding medication*

Medication Name	Dosage	Time of Dosage	Purpose	Instructions on how medication is to be administered



The Boys and Girls Club of Sarnia-Lambton
 Medical Form 2017-2018

ALLERGIES

Carries an EpiPen: Yes _____ No _____

Carries an Inhaler: Yes _____ No _____

	Please circle	Please provide details
Seasonal:	Yes No	
Food:	Yes No	
Drugs:	Yes No	
Insect:	Yes No	
Other:	Yes No	

If an allergic reaction occurs, does the staff have your permission to administer treatment ?
 Yes _____ No _____

As an additional precaution do you give The Club permission to post a Medical Alert form in our program areas?
 Yes _____ No _____ (please see Program Director for details)

The undersigned does give consent to _____ to participate in, the following programs at The Boys and Girls Club of Sarnia-Lambton (please initial and date)

- After School Program
- Drop-in Centre
- Summer Day Camp

Initial	Date

The undersigned authorizes the Boys and Girls Club of Sarnia-Lambton to obtain medical attention and hospitalization for the above named and does not hold The Boys and Girls Club of Sarnia-Lambton liable for any accident, injury, loss, theft or damage under reasonable and safe conditions.

Immunization Record	
I have provided a copy of my child's most recent immunization records.	Yes _____ (please initial)

Concussion Policy	
I have been provided with, and reviewed, a copy of the Club's concussion policy	Yes _____ (please initial)

Parent/Guardian Signature _____

Date: _____