Summer Camp Enrollment Form 2027

Child's Full Legal Name: _____

Date of Birth_____ Age _____

Address_____ Postal Code _____

Parent Information

Parent/Guardian 1

Parent Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address: _____

□ Same as Child

Parent/Guardian 2

Parent Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Home Address: _____

□ Same as Child

Office Use

Enrolment Start Day:_____ Enrolment End Day: _____

Other:

Summer Camp Program 2027

Type of Program	Program Time	CWELCC Reduced Parent Fee ($22/day)
Full Day Program	9:00 am – 4:00 pm	$ 110.00 / wk.

**** Children are only eligible for CWELCC reduced rate until the end of the month of their 6th birthday**

Type of Program	Program Time	Parent Fee
Full Day Program	9:00 am – 4:00 pm	$ 300 / wk.
Extended Hours	8:00 am – 9:00 am	$ 70 / wk
Extended Hours	4:00 pm – 5:00 pm	$ 70 / wk

Summer Camp Weeks

***** Minimum 2 weeks each month**

□ **July 06 to July 10: Safari Adventure**
Children will explore jungle animals through hands-on crafts. They will become little explorers as they create animal masks, learn fun facts about wildlife & participate in movement games.

□ **July 13 to July 17: Artistic Creations Week**
Explore your range of creativity! Campers will have the opportunity to express themselves through painting, jewelry making, tie dying and so much more.

□ **July 20 to July 24: Mad Science!**
Messy science experiences are the best kind! Campers will learn the magic of science and get their hands dirty to create volcanic eruptions, play dough, "Oobleck" and more.

□ **July 27 to July 31: Space Explorers**
Children will learn about planets, stars and astronauts through hands on crafts, interactive stories And simple science activities. They will use their imaginations to blast off on exciting adventures.

□ **August 03 to August 07: Superheroes/heroines/villains training camp** ***(4-day week)***
Get ready for an adventure of heroic proportions! During this week, children will be training to become superheroes & heroines with activities to get them strong & mighty.

□ **August 10 to August 14: Around the World Week**
It's a race against time! Campers will explore the age-old cultures and traditions fromaround the world engaging in arts and crafts, language, music, dance and more.

□ **August 17 to August 21: Under the Sea Week**
This week we will dive into the world of Oceans, learn about what happens under the water. Look at the different creatures that live deep down under and talk about the importance of protecting marine life.

□ **August 24 to August 28: Music & Dance Week**
Get ready to shake the sillies out! Campers will exercise their gross motor skills and willbe exposed to music and dances from around the world.

PLAY LOFT WILL BE CLOSED FROM AUGUST 30 – SEPTEMBER 03 INCLUSIVELY

Your Child's Heath

If your child is anaphylactic? (*Please circle)* YES NO

Does your child need an Epi-Pen? (*Please circle)* YES NO

Are you concerned that your child may be prone to any type of allergies? Please describe.

Does your child have any medical condition of which we should be made aware?

Has your child had the following common childhood illness?

- ☐ Constipation
- ☐ Convulsions
- ☐ Diarrhea
- ☐ Fainting Spells
- ☐ Frequent Colds
- ☐ Frequent Ear Infections
- ☐ Skin Rash
- ☐ Asthma
- ☐ Bronchitis
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ heart disease
- ☐ Mumps
- ☐ Measles

Does your child have any speech, language, hearing or visual delays?

Are there any food restrictions?

What language (s) are spoken at home?

Is there any other information you would like to let us know about?

Emergency Contacts

In the event of an emergency, if parents cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact # 1

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

□ Authorized to pick-up child

Emergency Contact # 2

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

□ Authorized to pick-up child

Emergency Contact # 3

Contact Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Relationship to Child: _____

Home Address: _____

□ Authorized to pick-up child

Play Loft Authorization for Child Pickup

We would like to remind all parents of Play Loft's policy regarding the safe pick-up of children other than the parent or legal guardian. As a measure of security, we require prior written notification from parents authorizing the person(s) picking up your child(ren) from school, either on a regular or occasional basis.

To this effect, by signing this form, parents will inform Play Loft of the person(s) allowed to pick-up their child(ren) for the current school year only.

In the event of an unforeseen emergency, whereby a different person other than those listed on the Authorization Form will be picking up your child, we ask that a parent telephone Play Loft as soon as possible to apprise us of this situation. Play Loft's policy is such that we will not allow someone to leave with a child without prior notification from the parents.The safety of your child is of utmost importance, and we know that you, as parents, will understand the reasons for this policy.

Full Legal Name	Relationship to Child	Primary Phone Number

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? **YES** **NO**

If YES, please provide a copy of the appropriate legal documentation (e.g., court order)

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

_____ _____

Signature of Parent/Guardian **Date**

_____

Printed Name of Person Signing

Summer Camp Policies and Procedures Form

By enrolling our child into the program at Play Loft Learning, we have received a copy of **Play Loft Summer Camp Policies and Procedures** for our reference. Our signature below indicates that I / We (the enrolling parents) are responsible for reading the information, policies, and procedures. In addition, I/we, understand that Play Loft reserve the right to change, amend, edit, add, or delete any policy or procedure. Should a policy or procedure be changed, amended, edited, added, or deleted, parents will be timelycommunicated with through Play Loft. **Play Loft Summer Camp Policies and Procedures** is always available at Play Loft and can be sent via email.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____

Date Enrolled:_____

Date Discharged: _____

(This form is to be kept in child file)

Parental/Guardian Photo/Image Consent Form

The consent form is to inform and request permission for your child's photo/image and personally identifiable information to be published and/or school's web site. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. Thelaw requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes photo or image. If you, as the parent or guardian, wish to rescindthis agreement, you may do so at any time in writing by sending a letter to Play Loft and such rescission will take effect upon receipt by us.

☐ **I/We GRANT permission** for a photo/image that includes this student without any other personal identifiers to be published on the school material and Internet site.

☐ **I/We DO NOT GRANT permission** for photo/image that includes this student to be published on school material and Internet site.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Anaphylactic Parent/Guardian Agreement

I/we acknowledge and understand my participation and responsibilities in the Anaphylactic Parent Agreement and the Anaphylactic Action Plan. I agree to execute reliably all information. I hereby request and give my consent for the staff, students, or volunteers of Play Loft to execute the information provided and outlined on the plan.

In the event of an emergency, I authorize Play Loft to administer the designated medication(s) and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment, and release Play Loft Learning Preschool, its employees, students, and volunteers, from any liability for loss, damageor injury, howsoever caused, to my child's person or property arising out of the administration of the procedure as provided herein. I agree that this information will be shared as necessary, with all parties in contact with my child at Play Loft Learning Preschool.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Supervisor's Signature: _____

(To be signed by supervisor upon receipt)

Date: _____

Emergency Medical Care Consent Form

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Should it become necessary for my/our child/ward to have medical care, I/we herby give the teachers permission to use her/his best judgment in obtaining the best of such service for my/our child/ward. I/we understand that any cost will be my/our responsibility. I/we also understand that in the event of illness or accident, I/we will be notified as soon as possible.

Child's Name: _____

Parent/Legal Guardian Print Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Authorization for Non-Prescription Medications

The following: **sunscreen, moisturizing skin lotion, lip balm, insect repellent, hand sanitizer and diaper** cream can have a single parent authorization (written approval) and can be administered without medication consent form as long as they are non-prescription. Play Loft staff require the product to be in its original packaging or we will not be able to apply to your child. Please note, Play Loft staff will not track and document the administration of the following items:

I give permission for Play Loft staff to administer the following products as per the packaging directions. *Please note all items must be in the original container for staff to administer.*

(a) Sunscreen

(b) Moisturizing skin lotion

(c) Lip balm

(d) Insect repellent

(e) Hand sanitizer

(f) Diaper cream

Important Note:

- The product must be hand given to a Play Loft staff, labeled with your child's initials, never to be left in the child's cubby and/or backpack
- All parents must provide written consent for Play Loft staff to administer non-prescribed medications; otherwise, we are unable to do so.
- Play Loft staff will only administer non-prescribed medications and creams in their original packaging
- The product must be provided by the parent/guardian

I hereby give permission for Play Loft staff to administer the above product to my child.

Parent Name: _____ Parent Signature: _____

Supervisor Signature: _____ Date: _____

Summer 2027

Immunization Records

Under the Child Care and Early Years Act, Section 35 (1) of O. Reg. 137/2015 all children who attend a Child Care Centre must be vaccinated according to Ontario's Publicly Funded Immunization Schedule, as recommended by the local Medical Officer of Health. Annual flu vaccination is also strongly suggested.

Exemptions:

If an exemption is required, please complete either of the two forms stating the reason for exemption.

Name of Child Care Center: Play Loft

Child's Name: _____

Date of Birth: _____

Home Address: _____

Parent Guardian Name: _____

Telephone Number: _____

Doctor's Name: _____

Doctor's Telephone Number: _____

Please attach a photocopy of your child's immunization records to Play Loft upon registration of your child to the program.

Ontario

Ministry of Education

Statement of Conscience or Religious Belief for Child

Child Care and Early Years Act, 2014

Affidavit

I, _____,

(Last Name, First Name)

parent of the following named child:

Last Name	First Name	Date of Birth (yyyy/mm/dd)

Home Address

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code

Child Care Centre / Home Child Care Agency

_____

make oath or solemnly affirm and say as follows:

1. Immunization conflicts with my sincerely held religious or conscious convictions.
2. I make this affidavit for the purposes of complying with the requirements of subsection 35(2) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*, and for no other or improper purpose.

SWORN OR SOLEMNLY AFFIRMED before me

at _____

(Municipality/First Nation)

in _____

(Province)

on _____

(Date (yyyy/mm/dd))

_____

Parent of Named Child Signature

_____

Signature of Commissioner for Taking Affidavits

_____

Type or Print name if signature is illegible (Last Name, First Name)

Personal information on this form is provided to your child care provider as required under subsection 35(2) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*. The information may be collected and used by the Ministry of Education in the course of confirming compliance with that subsection. The information may also be collected and used by the Medical Officer of Health pursuant to clause 72(6)(a) of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014* in order to support the health and well-being of children. Questions about this collection should be directed to: Manager, Licensing and Compliance, Ministry of Education, 77 Wellesley Street West, Box 980, Toronto ON M7A 1N3, or by calling the Child Care Licensing Help Desk at 1-877-510-5333.

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Ontario Ministry of Education

Statement of Medical Exemption for Child

Child Care and Early Years Act, 2014

Notice of Collection of Personal Information

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Section 1 – Child Information

Last Name	First Name	Date of Birth (yyyy/mm/dd)

Home Address

Unit Number	Street Number	Street Name

City/Town	Province	Postal Code

Child Care Centre / Home Child Care Agency

Section 2 – Declaration of Regulated Health Professional

I, _____ , certify that,
(Name of Regulated Health Professional) (Last Name, First Name)

for medical reasons indicated below, the above named child should be exempted from the requirements of Ontario Regulation 137/15 under the *Child Care and Early Years Act, 2014*.
The specific reasons and length of exemptions are checked in the boxes below.
The time periods for temporary medical exemptions are indicated.

Disease	Immunity		Contraindication	Length of Exemption			
	Clinical diagnosis of prior disease	Laboratory confirmation of immunity or prior disease	Detrimental to health	Permanent	Temporary	From (yyyy/mm/dd)	To (yyyy/mm/dd)
Diphtheria			☐	☐	☐	/	
Tetanus			☐	☐	☐	/	
Pertussis			☐	☐	☐	/	
Poliomyelitis			☐	☐	☐	/	
Meningococcal Disease			☐	☐	☐	/	
Measles		☐	☐	☐	☐	/	
Mumps		☐	☐	☐	☐	/	
Rubella		☐	☐	☐	☐	/	
Haemophilus Influenza Type B (Hib)	☐	☐	☐	☐	☐	/	
Varicella	☐ *	☐	☐	☐	☐	/	

*Clinical diagnosis of prior varicella or herpes zoster disease is acceptable for varicella immunity.

Use this space to define evidence of immunity.

_____

_____

Use this space for explanations of contraindications detrimental to health.

_____

_____

Section 3 – Signature

Name of Regulated Health Professional (Last Name, First Name)	Registration or Licence Number

Business Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Signature of Regulated Health Professional	Date (yyyy/mm/dd)

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