

Preschool Summer Camp Enrollment Form 2024

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: _____



Preschool Summer Camp Program 2024

Type of Program	Program Time	Program Cost	CWELCC Reduced Parent Fee
Half Day	9:00 am – 12:00 pm	\$ 200 / wk.	\$ 94.50 / wk.
Extended Day	9:00 am – 2:30 pm	\$ 300 / wk.	\$ 141.75 / wk.
Full Day	9:00 am – 4:00 pm	\$ 370 / wk.	\$ 174.83 / wk.
Extended Morning	8:00 am – 9:00 am	\$ 70 / wk.	\$ 33.08 / wk.
Extended Afternoon	4:00 pm – 5:00 pm	\$ 70 / wk.	\$ 33.08 / wk.
Extended Afternoon	4:00 pm – 6:00 pm	\$ 140 / wk.	\$ 66.15 / wk.

Summer Camp Weeks

*** Minimum 2 consecutive weeks each month

*** We are no longer offering the 3 days a week program.

- July 02 to July 05: Gardening Week *(4-day week)*
- July 08 to July 12: Art Week
- July 15 to July 19: Music and Dance Week
- July 22 to July 26: Science Week
- July 29 to August 02: Farm & Farm Animals Week
- August 05 to August 09: Construction Week *(4-day week)*
- August 12 to August 16: Space Week
- August 19 to August 23: Zoo Animal Week

PLAY LOFT WILL BE CLOSED FROM AUGUST 26 – AUGUST 30 INCLUSIVELY

Sleep Arrangements

Does your child nap each day? _____

How long does your child usually nap for? _____

Does your child have any special sleep arrangements? (E.g. comfort item, soother)?

YES NO

If yes, please provide relevant: _____

Diaper/Toileting Requirements

Is your child in Diapers? YES NO

If no, my child: Uses the washroom independently.

Requires Assistance

Requires Full Support

Please provide details, if necessary: _____



Your Child's Health

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?

- | | |
|--|--|
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Skin Rash | <input type="checkbox"/> 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: _____
<input type="checkbox"/> Authorized to pick-up child

Emergency Contact # 2
Contact Name: _____
Primary Phone Number: _____
Alternate Phone Number: _____
Relationship to Child: _____
Home Address: _____
<input type="checkbox"/> Authorized to pick-up child

Emergency Contact # 3
Contact Name: _____
Primary Phone Number: _____
Alternate Phone Number: _____
Relationship to Child: _____
Home Address: _____
<input type="checkbox"/> 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) to pick 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

Parent Signature: _____

Date: _____

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:

Parent Signature: _____

Date: _____



Lunch Program & Diet Request Form

By signing this document, I _____ am acknowledging that I have read and understood Play Loft's No Lunch Bag Policy and agree for my child to participate in the catered lunch program offered at Play Loft.

Dietary Practice

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> HALAL | <input type="checkbox"/> LACTO-OVO |
| <input type="checkbox"/> KOSHER | <input type="checkbox"/> OVO |
| <input type="checkbox"/> NO RED MEAT | <input type="checkbox"/> VEGETARIAN |
| <input type="checkbox"/> CHICKEN | <input type="checkbox"/> VEGAN |
| <input type="checkbox"/> FISH | <input type="checkbox"/> OTHER: |

Food Restrictions / Allergies

- PROTIEN:** LEGUMES EGG FISH MEAT OTHER:
- MILK PROTIENS:** ALL OTHER
- VEGETABLES:** RAW COOKED LIST THE VEGETABLE(S):
- FRUITS:** CITRUS LIST THE FRUIT(S):
- GRAINS:** WHEAT RICE OTHER GRAINS:

Food Intolerance

- LACTOSE GLUTEN MSG OTHER:

Symptoms & Exposure

What type of contact causes the reaction? *Please check one.*

- Airborne (smelling) Trace Cross Contact (touching) Actual
ingestion (eating)

Please explain: (reaction or symptom):

Any Additional Information, please list below:

Parent Signature: _____

Date: _____

Diaper Cream Policy

Parents may bring diaper cream/ Vaseline etc. to apply to their child's bottom after diaper change if they have signed this form. Creams must be in their original container and must be labelled with your child's name. Parents must specify when the cream is to be applied (after every bowel movement, when skin is red, after every diaper use etc.)

I give permission for the teachers at Play Loft to put the following diaper cream product on my child.

When to Apply Cream (DO NOT PUT AS NEEDED):

Parent Signature: _____

Date: _____

Sunscreen Permission

This form gives the teachers at Play Loft permission to apply sunscreen to your child (ren). Parents are required to provide one bottle of sunscreen per child (unless two children are in the same class). The sunscreen must be labeled with your child's name. Sunscreen is only required during the spring and summer months. Parents are required to apply sunscreen to their child BEFORE they come to Play Loft. Our teachers will only be applying sunscreen to the children in the afternoon before they go outside. We are required to treat sunscreen as medicine; therefore, all sunscreen that is brought into the center must be handed to a staff member.

I give permission for the teachers at Play Loft to put sunscreen on my child.

I DO NOT give permission for the teachers at Play Loft to put sunscreen on my child.

Parent Signature: _____

Date: _____

Hand Sanitizing Gel Permission

This form gives the teachers permission to apply hand sanitizing gel to your child (ren). The gel will only be used in situations when there will no water accessible, playground or park etc.

I give permission for the teachers at Play Loft to put sunscreen on my child.

I DO NOT give permission for the teachers at Play Loft to put sunscreen on my child.

Parent Signature: _____

Date: _____



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. The law 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 rescind this 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, damage or 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: _____

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 reserves 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 timely communicated 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)

