

Toddler Summer Camp Enrollment Form 2022

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: _____

Toddler Summer Camp Program 2022

Type of Program (5 Days a week)	Program Time	Program Cost
Half Day Program (\$ 60/day)	9:00 am – 12:00 pm	\$ 250 / wk
Extended Day Program (\$ 80/day)	9:00 am – 2:30 pm	\$ 320 / wk
Full Day Program (\$ 85/ day)	9:00 am – 4:00 pm	\$ 380 / wk

Please note that lunch cost is not included in the program cost, and will be an additional \$ 30/ wk

Additional \$15 per day charge for extended hours.

8 am to 9:00 am (\$70 per week)

Additional \$15 per day charge for extended hours.

4 pm to 5:00 pm (\$70 per week)

4 pm to 6:00 pm (\$140 per week)

Summer Camp Weeks

- July 04 to July 08: Music and Dance Week
- July 11 to July 15: Arts and Craft Week
- July 18 to July 22: Under the Sea Week
- July 25 to July 29: Animal Planet Week
- August 01 to August 05: Around the World (4 day week)
- August 08 to August 12: Space Week
- August 15 to August 19: Science Week
- August 22 to August 26: Dinosaur Dig Week

PLAY LOFT WILL BE CLOSED FROM AUG. 29 TO SEP. 05 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

Is your child anaphylactic? *(Please Circle)* YES NO

Do they have an auto-injector *(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 conditions of which we should be made aware?

Has your child had the following common childhood illnesses? *(Please Select)*

*Does your child have problems with any of these?
diseases?*

- Constipation
- Convulsions
- Diarrhea
- Fainting Spells
- Frequent Colds
- Frequent Ear Infections
- Skin Rash

Has your child had any of these

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Mumps
- Measles

Does your child have any speech, hearing or visual problems?

Would there be any restriction to play or activities?

Are there any food restrictions?

What language(s) are spoken at home?

Are there any other comments or 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) 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 situation, 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 timely communicated with through Play Loft. **Play Loft Summer Camp Policies and Procedures** is available at Play Loft at all times 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. 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 hereby 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: _____

Parental/Guardian Hand Sanitizer Consent Form

I/We, _____ give permission to my/our

child, _____ to use hand sanitizing gel

provided by Play Loft. The hand sanitizing gel will only be used in the

situations when they will be no water accessible for example,

playground, park, etc.

- I/We DO NOT GRANT permission** Play Loft use hand sanitizer on my child/ren

Parent/Legal Guardian Signature:

Date: _____