

**CAMROSE CHILDREN'S CENTRE --2011 SUMMER PROGRAM REGISTRATION ---**

|   |               |                               |        |
|---|---------------|-------------------------------|--------|
| _____   |               | _____                         |        |
| _____   |               | _____                         |        |
| Child's Legal Surname   | First Name    | Middle Name                   |        |
| _____   |               | _____                         |        |
| Child's Preferred Name  | Date of Birth | Gender                        |        |
| _____   |               | _____                         |        |
| Mother's Name   |               | Father's Name                 |        |
| _____   |               | _____                         |        |
| Address (include postal code)   |               | Address (include postal code) |        |
| _____   |               | _____                         |        |
| Home Tel #  | Cell #        | Home Tel #                    | Cell # |
| _____   |               | _____                         |        |
| Place of Work   |               | Place of Work                 |        |
| _____   |               | _____                         |        |
| Work Tel #  |               | Work Tel #                    |        |
| Please list two people who can be contacted IN AN EMERGENCY if parents cannot be reached. |               |                               |        |
| _____   |               | _____                         |        |
| Name & relationship to child  |               | Name & relationship to child  |        |
| _____   |               | _____                         |        |
| Legal address   |               | Legal address                 |        |
| _____   |               | _____                         |        |
| Home Tel #  | Cell #        | Home Tel #                    | Cell # |

**HEALTH RECORD:**

Personal Health Care Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Office Tel. No.: \_\_\_\_\_

Office Address: \_\_\_\_\_ Immunization Up to date?: Y\_\_\_\_

N\_\_\_\_

History of Illness:

Medications taken on a regular basis:

\_\_\_\_\_

Allergies: Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Other: \_\_\_\_\_

Should a life threatening emergency occur, is there any medical treatment that you DO NOT wish your child to have (due to religious beliefs, etc.)?

\_\_\_\_\_

**ENROLLMENT COMMITMENT:**

I/We hereby make an enrollment commitment with the Camrose Children's Centre to care for my/our child, and agree to pay upon registration, the amount contracted below.

\$100 deposit received Y\_\_\_\_ N\_\_\_\_ Date: \_\_\_\_\_ Parent's Signature:

**\$25.00 per day    \$125.00 per week    \$500.00 per month (18 days or more)**

**July 4 to 8    July 11 to 15    July 18 to 22    July 25 to 29**

**Aug 2 to 5    Aug 8 to 12    Aug 15 to 19    Aug 22 to 26**

**CONTRACTS MUST BE FILLED OUT AT BEGINNING OF CHILDCARE AND PREPAID**

**(Circle which weeks that your child will be attending.)**

## RELEASE OF INFORMATION

### TRANSPORTATION RELEASE

I/We hereby authorize the Camrose Children's Centre Summer School Age Program Staff to transport my/our child on a bus on field trips which may be arranged by the Staff. I will be provided with prior notification of such trips.

I/We release the Camrose Children's Centre from any liability related to accidents and/or injuries incurred by my child during the course of such field trips.

( ) Check and sign \_\_\_\_\_

### PHOTO PERMISSION

Please check one:

( ) I hereby release for publication or telecast in any medium, the photograph of my child.

**OR**

( ) I DO NOT WISH MY CHILD'S PHOTOGRAPH TO BE RELEASED IN ANY NEWS MEDIUM.

\_\_\_\_\_  
Parent's Signature

I hereby declare that the information given in this application is complete and true in every respect. I understand that if an emergency should occur, the Summer Program will make every effort to contact me, the parent. Should they be unsuccessful in locating me, I give permission to be attending physician to treat my child for illness or injury as is necessary under these circumstances.

This release will be in effect from the date below until termination of enrollment.

\_\_\_\_\_  
Parent's Name-Please print

\_\_\_\_\_  
Daycare Director's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Daycare Director's Signature

\_\_\_\_\_  
Social Insurance Number

Date: \_\_\_\_\_

Date: \_\_\_\_\_