



Swipe Card # _____
Swipe Card# _____

## REGISTRATION FORM FOR CAMP

### Child's Information

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_____	_____
Childs First Name	Childs Last Name
_____	_____
Street Address	City Postal Code
_____	_____
Home Phone #	
_____	_____
Birthday mm/dd/yyyy	Gender

### Parents/Guardian's Information

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_____	_____
<b>Mother/Guardian</b>	Home Phone #
_____	_____
Street Address	City Postal Code
_____	_____
Employer/Company Name	Employer/During the day <i>Full Address</i>
_____	_____
Business Phone #	Cell # and <b>E-Mail address- Please PROVIDE</b>

_____	_____
<b>Father/Guardian</b>	Home Phone #
_____	_____
Street Address	City Postal Code
_____	_____
Employer /Company Name	Employer/During the day <i>Full Address</i>
_____	_____
Business Phone #	Cell # and E-Mail address

Is there any court order pertaining to who may pick up your child? \_\_\_\_\_. If yes, then a copy of the order is to be attached

### Medical Information

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Dr. Name: _____	Phone #: _____
Address: _____	City/Postal Code: _____

Allergies/Anaphylaxis or any other medical concerns we should know about:  
Does your child take medication on a regular basis: If yes please specify below.

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**History of Communicable Diseases:**

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**Special Requirements (diet, rest or exercise):**

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**Emergency Contacts and Persons Authorized to pick-up Child**

Persons over 16 years of age who have consent to pick up child if you are unable to and/or in case of an emergency. In an emergency, child must be picked up within 1 hour of notification from Kid's Zone. Please list in order of notification priority.

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Name	Address	Phone #	Relationship
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Name	Address	Phone #	Relationship
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Your Child will only be released to persons authorized above or with written permission from parents[s] or guardian. Any change in above information must be reported immediately to the centre to ensure the safety of your child. Identification will be requested.

In case of emergency and parent[s] cannot be reached, I authorize Kid's Zone Childcare Center to release my child to the emergency contacts above

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Approx. drop off time	Approx. Pick up Time
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Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Consent Authorization

**Childs Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Program Participation: Please Circle I do, OR, I do not**

1. **I do / do not** grant permission for my child to use all of the play equipment and to participate in all of the activities of the unlicensed camp at Kids Zone.
2. **I do / do not** grant permission for my child to leave the camp property under the supervision of the qualified staff for walks in the neighbourhood. I understand that field trips requiring transportation in a vehicle will be announced in advance and a separate consent form will be provided for each trip.
3. **I do/ do not** grant permission for the staff to apply sunscreen provided by me.
4. **I do/ do not** grant permission for my child to be photographed and /or video taped. I understand that these materials are used for educational purposes and may be used by the centre in connection with the camp marketing.

**CAMP PROGRAM**

Parents must be aware that they are registering their child for a “ Day Camp” program that is not licensed by the Ministry of Education. All children are turning 4 years or older in the Day Camp program and therefore do not require licensing. For information regarding Day Camps and the Ministry of Education please see the website at [edu.gov.on.ca/childcare/factsheet.html](http://edu.gov.on.ca/childcare/factsheet.html)

**Emergency Treatment**

In case of an emergency **the staff does / does not** have my permission to administer First Aid for the benefit of my child. The center guarantees that one staff on duty in the center is trained and currently certified in Children’s First Aid and CPR.

**I do / do not** grant permission for the center staff to secure appropriate medical treatment and /or hospitalize my child \_\_\_\_\_ in the event of an emergency, accident, or sudden illness for the benefit of my child. I understand that the staff will make every effort to promptly contact me or a person I have authorized to inform me of my child’s condition.

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Parents Signature

Date

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**PROTECTION OF CONFIDENTIAL INFORMATION POLICY**

It is Kids Zone Childcare Center policy, that all staff, parents, volunteers, and students are made aware of the confidential nature on information concerning children and their families.

The confidential nature of such information will be respected.

All reasonable care and caution in protecting printed or written confidential information from casual observations, unauthorized perusal, or other abuse will be exercised. Children's files will only be made accessible to the Kids Zone Childcare Center educators, Supervisor and director as well as authorized agents from the Ministry of Community, and Family and children's Services and Public Health. Information will NOT be released to any other organization, agency or third party without the signed authorization of the parent[s] or guardian.

All clients' information that I have become aware of will be considered confidential and will be respected.

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Parent/Guardian Signature

Date

**Pre Authorized Payment Authorization**

**Payor Name(s):**

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**Address:**

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**City, Prov. & Postal Code:**

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**Phone Number:**

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I (we) authorize 6274901 Canada Inc., o/a Kids Zone Childcare Centre, to process a debit, in paper, electronic or other form in the amount of "\$x", with "variable payment amount \$X" being stated on a statement mailed to me (us) 5 days before debit date, on my (our) account on the 1<sup>st</sup> day of each month beginning \_\_\_\_\_.

I (we) acknowledge that I (we) have read, understood and accepted all the provisions contained in the Terms and Conditions of the Pre-Authorized Payment Authorization and that I (we) have received a copy.

**Signature of Payor(s):**

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**Date:**

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**Please attach a void cheque, or a pre-authorized form from the bank with the banking details.**