

HEALTH HISTORY

Please describe previous health concerns/illnesses:

ALLERGIES OR MEDICAL CONDITIONS

Please describe reaction and treatment:

Does the camper carry an EpiPen/Asthma inhaler or require medication to be administered at camp? **YES NO**

*If yes, please note additional forms for medical conditions is required.

Has your child been identified within the School Board or been diagnosed with special needs? **YES NO**

*If you answered yes to your child being identified or diagnosed with special needs, please contact our office at 613-546-2647 – Ext 237, to discuss the child’s needs and availability of staff support.

WAIVER OF LIABILITY

I, _____, permit my child to attend the child care program operated by the YMCA of Kingston. I, the undersigned, provide permission for my child to participate in the full range of program activities, unless I notify you otherwise in writing.

I understand that, as necessary, information pertaining to my child, may be shared with school personnel. I authorize the child care program supervisor/head teacher, or their designates, in the event of an accident or illness affecting my child, to approve all procedures and related expenses, including admission to hospital, surgery, anesthesia, injections, or any other necessary treatment therein, as deemed essential for the care and well-being of my child. Such action is to be taken only when immediate contact with the undersigned or the emergency contact cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, the YMCA of Kingston shall not be held responsible for any accident or sickness affecting my child, or for any loss or damage to his/her personal property.

I understand that, should my child, in the judgment of the applicable child care program supervisor/head teacher, become a hazard to him/herself or to others at the program, he or she may be sent home from the program without refund.

I understand that pictures/videos taken at this program may be used for promotional purposes by the YMCA of Kingston.

To the best of my knowledge, my child is in good health. I agree to inform the YMCA of Kingston of any infectious diseases, which my child may have been exposed to during the three weeks prior to arriving at the program.

Cancellations can be made 2 weeks prior to the date of the PA Day. Cancellations after this time will be granted for emergencies only and at the discretion of the Supervisor. Refunds will not be issued if a participant is removed from the camp program at the choice or request of the participant or the participant’s parent/guardian or due to behavioural issues once the camp has started.

PARENT/GUARDIAN SIGNATURE

DATE

Payment Options

- Direct withdrawal on the 15th of the month that the PA Day occurs. (This is only available to children currently enrolled in one of our Licensed Before and After School Programs.)
- Cash, debit or credit paid at the front desk

Please note: Registration will be closed 7 days prior to the PA Day.

YMCA of Kingston staff:	Date:	Extra: <input type="checkbox"/>	Receipt #
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Welcome to the YMCA of Kingston PA Day Camps

The YMCA Licensed PA Days offer a full-day program for children from 4–12 years of age. The children will participate in activities, including crafts, swimming, sports, quiet games, and more. The Camp runs from 7:30a.m. to 5:30p.m., with organized camp activities from 9:00a.m. to 4:00p.m.

Each child will need: a nut-free lunch & two snacks, a refillable water bottle, extra change of clothes, indoor shoes, a bathing suit and towel

Please note: Additional information can be viewed in our Parent Handbook at the request of the parent

Locations

Members: \$36.25 Non-members \$38.25

- Wright Crescent YMCA
- Sir John A MacDonald Public School
- Ecole Early Years Campus

Friday,Sept.28,2018	Friday,Oct.26,2018	Friday,Nov.30,2018	Friday,Feb.1, 2019
Friday,April 5, 2019	Friday,May17, 2019	Friday, June 28, 2019	

Please circle requested days

CAMPER INFORMATION

Last Name: _____ First Name: _____ Gender: _____

Address: _____ City: _____ P.C. _____

Date of Birth: _____ Home Phone #: _____

PARENT/GUARDIAN

PARENT/GUARDIAN 2

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Home Address: _____ Home Address _____

Cell Phone: _____ Cell Phone: _____

Please list other adults (first and last name) authorized to pick up your child:

EMERGENCY CONTACT (must be available to pick-up child in an emergency)

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____