**Registration Form - Summer Program**

**School Age (Grade 1 to 6)**

Note1: ‘Parent’ is defined as a person having lawful custody of a child or person who has demonstrated a settled intention to treat a child as a child of his or her family and includes legal guardians.

Note 2: Please, fill out this form and email it to brantdc@hotmail.com. Spots available are first come, first served.

Child Information

|  |  |
| --- | --- |
| **Full Legal Name:** | **Preferred Name:** |
| **Date of Birth (dd/mm/yyyy):** | **Age (years, months):** |
| **Home Address(es):** |
| **Language(s) Spoken at Home:** |
| **Other children in the family enrolled in the centre (list names, if applicable):** |

Parent 1 Information

|  |  |
| --- | --- |
| **Full Legal Name:**  | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **Home Address:**[ ]  Same as Child |
| **Work/School Name:** | **Work/School Telephone Number:** |
| **Work/School Address:** |

Parent 2 Information

|  |  |
| --- | --- |
| **Full Legal Name:**  | **Preferred Name:** |
| **Relationship to Child:** | **Primary Phone Number:** |
| **Alternate Phone Number:** | **Email address:** |
| **Home Address:**[ ]  Same as Child |
| **Work/School Name:** | **Work/School Telephone Number:** |
| **Work/School Address:** |

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:

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

|  |  |  |
| --- | --- | --- |
| Emergency Contact #1 | Emergency Contact #2 | Emergency Contact #3 |
| Full Legal Name:Preferred Name:Relationship to Child:Primary Phone Number:Alternate Phone Number: [ ]  Authorized to pick-up | Full Legal Name:Preferred Name:Relationship to Child:Primary Phone Number:Alternate Phone Number:[ ]  Authorized to pick-up | Full Legal Name:Preferred Name:Relationship to Child:Primary Phone Number:Alternate Phone Number: [ ]  Authorized to pick-up |

Pick-Up Authorization (If different from emergency contact)

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

|  |  |  |
| --- | --- | --- |
| Full Legal Name | Relationship to Child | Primary Phone |
|  |  |  |
|  |  |  |
|  |  |  |

Additional Information

Please indicate any additional information that is relevant to the care of your child (e.g., allergies, food restrictions, physical assistance, special need, frequent shoulder dislocation, etc.):

|  |
| --- |
|  |

Weeks Enrolling

* Please, check all that apply.
* Note: Lunch has an extra fee of $7.43 per day

|  |  |  |
| --- | --- | --- |
| Weeks – Themes - Cost |  | Lunch |
| Week 1 - SPACEJuly 4 to July 8 - $217.50 |  |  |
| Week 2 - OLYMPICSJuly 11 to July 15 - $217.50 |  |  |
| Week 3 - STEAMJuly 18 to July 22 - $217.50 |  |  |
| Week 4 – BEACHJuly 25 to July 29 - $217.50 |  |  |
| Week 5\* - THINGS THAT FLYAug 2 to Aug 5 - $174.00 \*Closed Aug 1st |  |  |
| Week 6 - NATUREAug 8 to Aug 12 - $217.50 |  |  |
| Week 7 - ARTS AND DRAMAAug 15 to Aug 19 - $217.50 |  |  |
| Week 8 - WATER WORKSAug 22 to Aug 26 - $217.50 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent Name |  | Parent Signature |  | Date (dd/mm/yyyy) |
| Received by |  | Signature |  | Date (dd/mm/yyyy) |