

2024 Kinder Camp Registration Form

Kinder Camp, is for children ages 4-6 as of July 2, 2024. Kinder Camp is a licensed program run by a Registered Early Childhood Educator. This camp combines literacy and numeracy skills and a rich and wholesome summer vacation experience. We supplement the schedule with arts and crafts, drama, music, movement, and sports in the gymnasium. Each week will be a different theme. There is no before or after care program.

Last Name		First Name		
Parent/Guardian	Tele	phone	E-mail	
Address		City/Town	Postal Code	
Childs Date of Birth (mr	m/dd/yyyy)//			
Are you already regist	ered with Calvary Christian Aca	demy school or Apple S	seeds?	
All Health / Medical Co	oncerns and Medications:			
Please select all of the o	camp(s) you will attend. There a	re no refunds for cance	ellations after July 5th	
Weeks	Children eligible through the CWELCC program aged 4, 5 or TURN 6 before Aug.2, 2024, pay \$94.50/week. (\$75.60 for week 1)		Children who are 6 before July 2, 2024, pay \$200/week. (\$160 for week 1)	
1. July 2 – 5 (4 days)				
2. July 8-12				
3. July 15 - 19				
4. July 22 - 26				
5. July 29 – Aug. 2				
	CWELCC: Canada	-Wide Early Learni	ng Child Care Program	
the memo "Summer Ca Total Due: Deposit(s): Payment:	mp and family name." (combine all camps)	ue with registration - pa cheque or Etransfer (c	e@calvaryca.com Password CCA2023, be sure to in aid by Cash or Cheque or Etransfer (circle one)) ircle one))	
Total Due\$	Denosit Received \$	Method	Other	

Kinder Camp Personal Information Form July, 2024

Date of Admission:

Date of Discharge:

Date____

Indicate Week(s) Registered: Week#1 Week#2 Week#3 Week#4 Week#5 Weeks: #1 (July 2 - 5) #2 (July 8 - 12) #3 (July 15 - 19) #4 (July 22 - 26) #5 (July 29 - Aug. 2) Student's Name Surname Address __ City Province Postal code House _____Birthday_____ Phone (H) ____ Mother/Guardian _____ Home Address (if different than child's) — Place of Employment Address Phone (H)_____ E-mail_____ Father/Guardian _____ Home Address (if different than child's) ____Address____ Place of Employment_____ Phone (H)_____ Doctor Name _____ Doctor Address ___ **Doctor Phone** ___ Health Card Previous Illnesses & Injuries_____ Emergency contacts if unable to reach parent: 1.______Phone _____ 2._____ Phone _____ Names of persons to whom child may be released: 1.___ Signature of Parents/Guardians X X

Date____

Kids Camp

Bag Lunch Policy and Procedure

Parents must ensure that their child's lunch is nut free, nutritious and meets the guidelines of the Canada Food Guide (see attached). Lunches should include items from each of the food groups plus 1 extra fruit or vegetable. A few examples of recommended food items are:

FRUIT GRANOLA COLD MEAT

WHOLE WHEAT BREAD MILK EGGS
CHEESE VEGETABLES PASTA

100% FRUIT JUICE YOGURT

Please do not include foods which are low in nutritional value and/or high in sugar content such as:

POTATO CHIPS SODA POP CANDY HIGH SUGAR

CHOCOLATE BARS DRINKS/PUNCHES

Please check food labels before sending lunches. It is important that lunches/snacks are **nut free**. This in keeping with our anaphylaxis policy.

- 1. Lunch containers must be labelled with the child's name.
- 2. Food allergy lists are posted in the room where the lunch program takes place. We ask parents to keep us updated in writing regarding your child's food allergies.
- 3. No food items are provided by the lunch program unless a child has forgotten his/her lunch or the lunch contents are low nutritional value and/or high sugar content. The Kids Camp program has on hand a balanced lunch and snacks which will be provided for your child. Parents will be charged \$5 when this occurs.

Kids Camp Bag Lunch Policy and Procedure

A nut free bag lunch, provided by me is to be served to my son/daughter in the Kids Camp program as a noon meal and a morning and afternoon snack. I have been provided with information about the types of food items which need to be included in the lunch as well as those which are not be included due to their low nutritional value and/or high sugar content.

	lity of Kids Camp teacher to ensure that the lunches high quality and that teacher will bring concerns in
Date	Signature of Parent/Guardian

Attachment: Canada's Food Guide to Healthy Eating

May, 2018



Leeds, Grenville and Lanark District Health Unit Department of Clinical Services

Daycare Registration Form

<u>Please return form to:</u> Brockville Office – 458 Laurier Blvd, Brockville, ON K6V 7A3 or

Fax to 613 345-7038

For Inquiries call 1800-660-5853 or 613 345-5685 ext. 2268 or 2364

CHILD INFORMATION:

SURNAME:	_GIVEN NAME:SEX	:		
BIRTH DATE:	OHCN:			
DAY CARE FACILITY:				
PREVIOUS NURSERY OR DAYCARE ATTENDED IN LGL AREA:				
PARENT/GUARDIAN INFORMATION:				
SURNAME:	FIRST NAME:			
RELATION TO CHILD:				
STREET ADDRESS:				
PO BOX:	APT #:			
TOWN/CITY:	POSTAL CODE:			
HOME PHONE:	WORK PHONE:			
DOCTOR & TELEPHONE NUMBER:				

PLEASE COMPLETE BOTH BOXES AND ENSURE THE CHILD'S NAME AND

DAYCARE FACILITY ARE ON THE PHOTOCOPY OF THE IMMUNIZATION RECORD

YOU ATTACH TO THIS FORM