

Dear Parent or Guardian,

Welcome to the City of Edmonton Summer Day Camps! Thank you for registering. Your Children's Program Instructor will be collecting some important information to ensure that your child will have a safe and enjoyable experience.

To help make your first day quick and efficient, you can complete the attached registration form ahead of time and bring it with you. A registration form **must be filled by the parent or legal guardian for each child** in the program or camp. If your child has an Epi-pen or Inhaler, please also fill out the **Epi-Pen/Inhaler Release Form**. If your child requires any medication to be administered during camp hours, please also fill out the **Medication Information Release Form**. If your child has any behavioral concerns there is an optional **Behavioral Assessment Form** available which can be used to provide further detail.

If you are registered in multiple programs or camps you may take a signed copy of this form with you to each program or camp. Please keep this letter handy as a reference.

Here are some reminders to help you and your child have a successful program or camp experience:

- Please ensure your child has a nutritious **nut free** snack, lunch and water bottle each day
- Bring clean, indoor and outdoor shoes for your child daily
- Remember swim time! We swim Monday – Thursday afternoons at every facility (full day camps only) so please remember to bring a swim suit, towel, and two (2) quarters or a lock for the lockers
- Dress for the weather! We strive to do outdoor activities in **every season**. If you are in a spring or summer camps, sunscreen and bug spray should be applied **prior to arrival** and be sure to bring a hat!
- As this is a non-parented camp you must sign in & out daily and provide a contact number to be reached at for that day
- Any important health and behavior information is required on the registration form. We also encourage you to speak directly with your instructor about providing the best possible care and programming for your child. Please let us know if your child will be attending with an aide.

We look forward to the days of fun, learning and activity ahead of us. If you have any questions or concerns, please feel free to contact me.

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We are committed to making movement fun! For more information visit <http://activeforlife.com/>

CAMPS REGISTRATION FORM

****Please provide as much information as possible to help assist the Program staff in ensuring the safety and enjoyment of your child during program time.*

Child's Name: _____

Date of Birth: _____

Name of Parent(s)/ Legal Guardian(s): _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Alternate Parent Phone #: _____

Individuals who are authorized to drop off and or pick up the child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Alternate Emergency Contact(s) – other than parent/guardian:

Name _____ Phone #'s: _____ Relationship: _____

Name _____ Phone #'s: _____ Relationship: _____

Does your child have allergies? Yes ☐ No ☐ If Yes, Please list Allergies and Reactions Below:

Allergies/Reactions: _____

Does your child have an Epi-Pen/Inhaler? Yes ☐ No ☐ If Yes, you will be required to fill out the
Epi-Pen/Inhaler release form

Does your child require any medication which must be taken during/ at camp (8am – 4 pm)?

Yes ☐ No ☐ If Yes, you will be required to fill out the *Medication Information release form*

Does your child have any other medical conditions and/ or behavioral, cognitive, social or language challenges? What strategies/resources will assist us in helping your child manage these challenges?
(E.g. epilepsy, heart condition, autism, sensory sensitivity, English is second language, separation anxiety etc.)

Will your child be attending with an aide or assistant? Yes ☐ No ☐

Name of person: _____ Relation to the child: _____

Parent/ Name _____ **Signature** _____ **Date** _____
Guardian

***** If you are registered in multiple camps you are welcome to copy this form and bring it with you to the other program(s) *****

Freedom of Information and Protection of Privacy (FOIP) Statement

This personal information is being collected under the authority of Section 33(c) of the *FOIP Act* and will be used by Community Services for program management, registration, planning and evaluation. It may also be used for contact purposes and future mail-outs about the program. All information collected by the City of Edmonton is protected by the provisions of the *FOIP Act*. If you have any questions about the collection, use or disclosure of your personal information by this program, please contact the Preschool Program