

# CAMP DETAILS

## CAMP DATES

The March Break day camp program runs from March 16th - 27th at the Yellowknife Playschool Association, 5208-56<sup>th</sup> Street.

## AGE

Ages 3-5 at camp start and **must** be fully potty trained.

## CAMP HOURS

We will be offering full days only. Full days run from 8:15am until 5:05pm. Late charges will apply for late pickup.

## FEES

Fees are \$275 per week. **Fees are non-refundable, so ensure that you register for the correct weeks.** Fees are based on 5 days/week. There is no fee reduction for partial weeks or days missed.

## WEEKS

Week 1 March 16th- 20th, 2020

Week 2 March 23rd- 27th, 2020

## PAYMENT METHOD

Payment must accompany the registration package. Please date cheques with current date as of registration. Please make cheques payable to **Yellowknife Playschool Association.**

**5208-56<sup>th</sup> Street, Yellowknife, NT, X1A 2Y1**

**Phone: (867)-873-3231**

**[www.ykplayschool.com](http://www.ykplayschool.com)**

**The following items are to be sent with your child every day.**

- Lunch and 2 snacks
- Weather appropriate outdoor clothing
- Water bottle
- Pair of indoor shoes
- Extra change of clothes
- Backpack or bag to hold child's belongings

**\* Please label all items clearly!**

Please print clearly and use one form for each child. Incomplete registration forms or forms with

partial payment will not be processed. Return completed registration forms to:  
5208-56<sup>th</sup> Street, Yellowknife, NT, X1A 2Y1  
Phone: (867)-873-3231

## CAMPER INFORMATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Health Care Number

\_\_\_\_\_  
Date of Birth – MM/DD/YYYY

Gender  Female  Male

## MEDICAL INFORMATION

Please describe any allergies, dietary needs or medical conditions of your child.

\_\_\_\_\_  
Please describe any special needs (e.g. physical, learning disabilities or other) of your child

## PARENT / GUARDIAN INFORMATION

### PARENT/GUARDIAN 1

Mother  Father  Legal Guardian

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Prov.

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cellular Number

\_\_\_\_\_  
Daytime Number

\_\_\_\_\_  
Evening Number

### PARENT/GUARDIAN 2

Mother  Father  Legal Guardian

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Prov.

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Cellular Number

\_\_\_\_\_  
Daytime Number

\_\_\_\_\_  
Evening Number

## EMERGENCY CONTACT

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Cellular Number

\_\_\_\_\_  
Daytime Number

\_\_\_\_\_  
Evening Number

## PERSON AUTHORIZED TO PICK UP

The Yellowknife Playschool Association may release my child into the care of the following individual(s) during the day or at the end of the day. Only those listed here as well as the registering parents/guardians and the emergency contact will be able to pick up my child. All will need to show their own personal identification. Each name listed here must match the name on the identification. Please print clearly.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

## CONSENT FROM & MEDICAL CONSENT STATEMENT

I understand as a parent/guardian of a child who is a

participant in the Yellowknife Playschool Association March Break Day Camp, my child may participate in activities outside the grounds of the Yellowknife Playschool Association. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that the Yellowknife Playschool Association, its board members, employees, agents and independent contractors shall not be liable for any injury to my child or any/damage to my child's personal property arising from, or in any way resulting from my child's participation in these activities.

I have provided the Yellowknife Playschool Association with all the necessary medical information and can be reached at the number(s) listed. I authorize the Yellowknife Playschool to administer First Aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

I certify that the information provided in this registration form is, to my knowledge, true and complete.

Weeks	Amount
Week 1 March 16th-20th \$275	
Week 2 March 23rd-27th \$275	
Total Amount Enclosed	

\* More detailed information will follow.

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Print Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian

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Date – MM/DD/YYYY

**COPYRIGHT PERMISSION/PHOTO RELEASE**

Pictures may be taken of your child which may be displayed on our website and/or promotional materials.

I allow the Yellowknife Playschool Association to display pictures taken of my child on the website and/or promotional materials.

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Signature of Parent/Legal Guardian

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Date – MM/DD/YYYY

**\* This form is not required if your child has a CURRENT immunization confirmation on file.**

Option 1 – attach a copy of the child’s immunization record and complete/sign below:

Attached here is a copy of the immunization record of \_\_\_\_\_, which confirms that his/her immunizations are up to date.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Option 2 – complete/sign below:

I hereby confirm that my child, \_\_\_\_\_, has not been immunization.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Option 3 – Have the section below completed/signed by a Public Health Nurse:

This will confirm that the immunization of \_\_\_\_\_ is up to date as of \_\_\_\_\_.

\_\_\_\_\_  
Public Health Nurse Name (please print)

\_\_\_\_\_  
Public Health Nurse Signature

\_\_\_\_\_  
Date

**TRANSPORTATION CONSENT:**

I/We, \_\_\_\_\_, parent(s)/guardian(s) of \_\_\_\_\_, have read the Transportation Policy and give permission to the Yellowknife Playschool Association to take my/our child on field trips using chartered busses from Cardinal Coach Lines Ltd. I/We hereby release the Yellowknife Playschool Association and its staff of any responsibility for the health and safety of the above-mentioned child beyond reasonable care, and assume all liability for accident and bodily injury beyond what is covered in the Cardinal Coach Lines Ltd.’s and the Yellowknife Playschool Association’s insurance policy.

This consent form is valid from the date signed until withdrawal or the last day of school.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ I/We do not consent to the above.

I/We understand my child will not be able to attend the field trip and/or school during that day if consent is not given. It is my/our own responsibility to find and pay for alternate daycare, if needed, and understand I/we am still expected to pay for the day(s) missed.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_





