

**Calgary Child's Play
Vacation Care Enrolment Form
Capitol Hill Community Centre Location**

Please complete and return a form for each child.

CHILD INFORMATION (Please give names and details EXACTLY as on birth certificate)

Family Name: _____ First name(s): _____
Date of Birth: _____ Age: _____ Gender: M / F _____
Grade: _____
Residential Address: _____
City: _____ Post Code: _____
Cultural Background: _____ First Nations: Y / N _____
Country of Birth: _____ Language(s) spoken at home: _____

PARENT/GUARDIAN INFORMATION – ACCOUNT HOLDER

(Please give full name and details EXACTLY)

Title: _____ Family Name: _____ First Name: _____
Relationship to Child: _____
Residential Address: _____
City: _____ Post Code: _____
Daytime Address: _____
City: _____ Post Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

PARENT/GUARDIAN INFORMATION (Please give full name)

Title: _____ Family Name: _____ First Name: _____
Relationship to Child: _____
Residential Address: _____
City: _____ Post Code: _____
Daytime Address: _____
City: _____ Post Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____

EMERGENCY CONTACTS I consent for the following contacts, to collect my child from service including in the event of any incident, injury, trauma & illness and to act as an Authorized Nominee consent to medical treatment of the child or to authorize the administration of medication to the child. (You must nominate at least one person **other than parent/guardian** aged over 18 years of age)

Contact 1 Title: _____ Family Name: _____ First Name: _____
Relationship to Child: _____ Tel: _____ Cell: _____
Address: _____

Contact 2 Title: _____ Family Name: _____ First Name: _____
Relationship to Child: _____ Tel: _____ Cell: _____
Address: _____

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Details of Approved Pick up persons I consent to for the following contacts to collect my child from service including in the event of any incident, injury, trauma & illness (other than parent/guardian, must be aged over 18 years of age)

Contact 1 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Cell: _____

Address: _____

Contact 2 Title: _____ Family Name: _____ First Name: _____

Relationship to Child: _____ Tel: _____ Cell: _____

Address: _____

Note* We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Child's Play staff, should attempt to collect your child from the service, permission will be refused.

With whom does the child mostly reside? _____

Is this child involved in court orders, parenting plans or orders? Yes No

If yes, please provide current and any changes to court documents at all times to enable enforcement. Please list below any other specific instructions or information you can provide that would be helpful and assist us in the care of your child.

MEDICAL DETAILS & OTHER INFORMATION

Alberta Health Care Number: _____

Does your child have any of the following:

- A.D.D. / A.D.H.D
- Allergies (see box below)
- Asthma
- Diabetes
- Physical needs
- Educational needs
- Epilepsy
- Haemophilia
- Heart problems
- Anaphylaxis
- Behavioural needs
- any other special needs _____

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child been immunised?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child wear?		<input type="checkbox"/> Prescriptions Glasses	<input type="checkbox"/> Hearing Aid		
Does your child have any of the following allergies? Please indicate severity e.g. High, Moderate, Low or Not Applicable					
1. Bee Sting	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
<i>Medication or Action to be taken:</i>				<input type="checkbox"/> N/A	
2. Food Allergy	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/A	
<i>Names of food/s & action to be taken</i>				<input type="checkbox"/> N/A	
3. Allergy to Medication Please name medication & action to be taken:	<input type="checkbox"/> N/A				
4. Other Allergies Please describe & action to be taken (inc bandaids, latex etc)	<input type="checkbox"/> N/A				
Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (e.g. excessive fears)				<input type="checkbox"/> N/A	

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Please read and sign the following statements:

I hereby give permission to the staff of the above Calgary Child's Play program to administer medically prescribed medication to my child and I will sign a Medical information & Authorization form. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold Calgary Child's Play responsible. I also understand my child cannot attend Calgary Child's Play if suffering from an infectious or communicable disease that has been identified by the Department of Health

Name: _____ Signature: _____ Date: _____

I hereby notify Calgary Child's Play that my child carries medication with them and will self-medicate. I understand I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorization form.

Name: _____ Signature: _____ Date: _____

I hereby give my permission for the Calgary Child's Play staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.

Name: _____ Signature: _____ Date: _____

I understand the provider of the Calgary Child's Play service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

Name: _____ Signature: _____ Date: _____

I understand Calgary Child's Play staff have no responsibility to my child until I or an authorized person has signed my child in/out for each session of care.

Name: _____ Signature: _____ Date: _____

I hereby give Calgary Child's Play permission to transport my child off Calgary Child's Play designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip).

Name: _____ Signature: _____ Date: _____

I acknowledge that photographs/video of my child or items of my child's work completed at the Calgary Child's Play program may be used at a later date for local marketing and promotional purposes Yes No national marketing and promotional purposes Yes No I hereby give my consent and no further permission will be required.

Name: _____ Signature: _____ Date: _____

I acknowledge that the information contained herein is confidential and pursuant to the Privacy Act, will only be strictly used by the Calgary Child's Play team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the program assessment process.

Name: _____ Signature: _____ Date: _____

I hereby give permission for my child to watch G & PG rated movies and games.

Name: _____ Signature: _____ Date: _____

Name: _____
Signature: _____ Date: _____

Return forms to your child's centre or email to
tara@calgarychildsplay.com

Office Use Only: Date Processed: _____ Staff Initial: _____

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ATTENDANCE REQUIREMENTS

Weekly: \$200.00 (July 3 -7 \$180.00 and Aug 7 – 11 \$180.00)

Sign up for 3 or more weeks and receive 15% off!

Daily: \$40.00

Field Trip Days: \$50.00

Half day: \$20.00 (not available on field trip days)

Location – Capitol Hill Community Centre 1531 21 AVE, Calgary, AB T2M 1L9

Weeks	Monday	Tuesday	Wednesday	Thursday	Friday	All
July 3 -7 (4 day week)	Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 17 -21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 24 - 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 31 – Aug 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 7 – 11 (4 day week)	Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 14- 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 28- Sept 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are other options for half day and drop in available. If you would like these options and fees for these components, please email tara@calgarychildsplay.com or phone our office 403-214-6772
