

Little Champs Summer Day Camp Registration Form

*Please provide as much information as possible to help assist the program staff in ensuring the safety 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 or pick up the child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Alternate Emergency Contact(s):

Name: _____ Phone #: _____ 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 (8 am - 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 / or behavioral, cognitive, social or language challenges? What strategies / resources will assist us in helping your child manage these challenges? (eg. 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/ Guardian Name: _____

Signature: _____

Date: _____

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 Little Champs Summer Day Camp 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 Little Champs Summer Day Camp 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 director of the program.