

WE PLAY DAY CAMP INC.
2022 INTAKE FORM

Please fill out the information below. All camper's must be 4 years of age by the start of camp (July 4, 2022) or on the first day your child is enrolled. If you are enrolling multiple campers, only 1 form per household is required.

#1: CAMPER'S FULL NAME	D.O.B.	ALLERGIES/MEDICAL CONSIDERATIONS.
#2: CAMPER'S FULL NAME	D.O.B.	ALLERGIES/MEDICAL CONSIDERATIONS.

PHYSICIAN CONTACT INFO

FAMILY DOCTOR NAME	FAMILY DOCTOR ADDRESS/PHONE #	HEALTH CARD NUMBER

PRIMARY PARENT/GUARDIAN CONTACT

PRIMARY CONTACT NAME	PRIMARY CONTACT ADDRESS	CONTACT # AND EMAIL
SECONDARY CONTACT NAME	SECONDARY CONTACT ADDRESS	CONTACT # AND EMAIL

PLEASE LIST ANYONE WHO WILL PICKUP YOUR CHILD ASIDE FROM THE PRIMARY AND SECONDARY CONTACTS LISTED ABOVE. UPON PICKUP WE WILL ASK FOR WRITTEN CONSENT FROM THE PRIMARY CAREGIVERS ALONG WITH PHOTO ID BEFORE RELEASING YOUR CHILD.

FIRST NAME	LAST NAME	RELATIONSHIP TO CHILD

PLEASE CHECK THE WEEKS YOU REQUIRE.

Week 1: July 4, 2022	Welcome week	
Week 2: July 11, 2022	Animal Kingdom	
Week 3: July 18, 2022	Mystery Week	
Week 4: July 25, 2022	Science Week	
Week 5: Aug 1, 2022	Adventure Week	
Week 6: Aug 8, 2022	Water Week	
Week 7: Aug 15, 2022	Art Week	
Week 8: Aug 22, 2022	Sports Week/Send off	

MEDICAL REQUIREMENT/CONSIDERATIONS

Circle a response:

Does your Child have any medical or dietary restrictions? Yes/ No

Epi-pen required. Yes / No

If yes, please list them here along with signs and symptoms and medical attention required:

RELEASE AND PERMISSION AGREEMENTS

I give permission for my child(ren) to be photographed or filmed for training or promotional purposes on occasion during the period they are enrolled in the program.

Yes Or No Initial: _____

I give permission for my child(ren) to attend daily outings within the city limits as planned by the staff and substitute staff when needed.

Yes or No Initial: _____

I understand during program there will be opportunities for my child(ren) to travel via bus. I will not hold We Play Summer Day Camp inc., or other project partners, liable for any accidents, injury, damage, or loss of personal possessions caused during the program activities

Yes or No Initial: _____

Parental Waiver 1

I give permission for my child to receive emergency medical treatment due to sudden illness or accident, including anesthetics and medication by a private Physician or Hospital.

Yes or No Initial: _____

Parental Waiver 2

We Play Summer Day Camp is a privately-run day camp. We will do our best to accommodate all children. However, we have limited resources for children with special needs.

I comply and understand that We Play Summer Day Camp Inc. is not responsible or liable for anything outside of what they can accommodate.

I understand that We Play Summer Day Camp has full responsibility and the right to deny my child of care due to violent behaviors that endanger other campers, staff or to themselves with no refund of camp fees.

Yes or No Initial: _____

COVID-19 GUIDELINES FOR WE PLAY DAY CAMP INC.

- WE PLAY DAY CAMP INC. WILL PROVIDE HAND SANITIZERS AND PROMOTE SAFETY MEASURES DURING OPERATIONAL TIMES FOR THE SAFETY OF ALL CAMPER. WE WILL

ALSO PROVIDE MASKS FOR CHILDREN AS NEEDED BUT ENCOURAGE CAMPERS TO BRING MULTIPLES OF THEIR OWN.

- CAMP ACTIVITIES ARE SUBJECT TO CHANGE DUE TO COVID-19 RESTRICTIONS. WE WILL RETURN ALL CAMP FEES IN THE CASE THAT THE CITY RESTRICTS THE OPERATION OF CAMPS DUE TO THE COVID-19 PANDEMIC.
- WE PLAY DAY CAMP INC. WILL FOLLOW ALL PUBLIC HEALTH PROTOCOLS DURING THE OPERATION OF THE CAMP AND PROVIDE STAFF WITH SUFFICIENT TRAINING IN ORDER TO PROVIDE THE SAFEST ENVIRONMENT FOR YOUR CHILDREN.

Signature of Parent/Guardian: _____ Date: _____

PAYMENT INFORMATION

THE COST OF CAMP THIS YEAR IS \$350.00 (CAD) per WEEK per CHILD. WE DO NOT CHARGE HST. THE FULL COST OF CAMP IS DUE ON THE DAY THAT YOU REGISTER YOUR CHILD. IF YOU HAVE PAID AN EARLY REGISTRATION FEE, PLEASE REMEMBER TO SUBTRACT THE \$175.00 DEPOSIT (that you have already paid) FROM \$350.00 FOR THE FIRST WEEK ($350 - 175 = 175$). WE ACCEPT EMAIL TRANSFERS OR CHEQUE PAYMENTS.

IF PAYING BY EMAIL TRANSFER:

- EMAIL: WEPLAYDAYCAMP@GMAIL.COM
- IF REQUIRED TO PROVIDE A SECURITY QUESTION, PLEASE SEND US AN EMAIL WITH THE ANSWER TO THE QUESTION.

IF PAYING BY CHEQUE:

- MAKE CHEQUE(S) PAYABLE TO: WE PLAY DAY CAMP INC.
- WRITE THE DATE FOR THE DAY THAT YOU HAND IN YOUR INTAKE FORM.
- IF THERE IS AN INSUFFICIENT FUNDS CHARGE, YOU WILL BE CHARGED AN ADDITIONAL \$30 ON TOP OF THE CAMP REGISTRATION FEE.

REFUNDS:

- CHANGES CAN BE MADE UP UNTIL MAY 1, 2022 TO YOUR WEEKS CHOSEN FOR A FULL REFUND
- NO CHANGES CAN BE MADE AFTER MAY 1, 2022.
- **ANY CANCELLATIONS AFTER THIS DATE CANNOT BE MADE FOR A REFUND.**

Signature of Parent/Guardian: _____ Date: _____