

LDAYR Summer Camp

***Please complete & e-mail, fax, or mail to us. Registration can also be taken over the phone.**

The information collected on this form is solely for the purposes of providing information on the participant. It is to be completed at the time of registration. The original form is kept in the Program Registration file, a copy is provided to the Program Facilitator for their information.

July **August**

Student Name: _____ Age: _____ Grade: _____

Diagnosis: Learning Disability ADHD None Other: _____

Address: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Telephone/Email: (Home:) _____ (Work): _____
 (Cell:) _____ (Email): _____

Parent/Guardian Name: _____

Telephone/Email: (Home:) _____ (Work): _____
 (Cell:) _____ (Email): _____

Are you an LDAYR Member? Yes No I would like to become one

Payment Information:

***Please remit payment with this form to guarantee a spot. Please note we only accept VISA for credit card.**

VISA _____ - _____ - _____ - _____ Expiry Date: ____ / ____

CHEQUE Please Make Cheque Payable to Learning Disabilities Association of York Region or to LDA-YR

CASH Please DO NOT Mail Cash.

All payments are transferable but non-refundable.

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Student Name: _____

Emergency Contacts:

Name: _____

Relationship to Child: _____

Primary Phone # _____

Secondary Phone # _____

Name: _____

Relationship to Child: _____

Primary Phone # _____

Secondary Phone # _____

People Authorized to Pickup Your Child:

Please list any individuals **(including yourself)** who are authorized to pick up your child in your absence. For the safety of your child, he/she will NOT be released to individuals who are not listed below. Any additions to this form must be made in person. **Please note: When picking up your child ID will be requested to ensure children's safety.**

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

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Medical Information:

Known medical conditions:

Known allergies (including food):

Medications:

PARENTAL/GUARDIAN CONSENT FOR EMERGENCY MEDICAL CARE:

While every effort will be made to reach parents in the event of a medical emergency, we require your permission to authorize any Doctor to give necessary treatment in the event of such as emergency.

I hereby grant permission for **LEARNING DISABILITIES ASSOCIATION OF YORK REGION** to take whatever steps necessary to obtain emergency medical care. These steps may include but are not limited to the following:

1. Attempt to contact a parent/guardian
2. Attempt to contact emergency contact persons

If we cannot contact any of the above, we will call an ambulance and if necessary have the child taken to the emergency department of the hospital, in the company of a staff member.

Any expense incurred under circumstances listed above will be paid by the child's family. **LEARNING DISABILITIES ASSOCIATION OF YORK REGION NOT BE RESPOBILE FOR ANY INCIDENT THAT MAY OCCUR AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.**

Parent's/Guardian's Name (Print)

Date of Signature

EPIPEN OR INHALERS

LDAYR recommends that each child have two (2) EpiPens at Social Skills Summer Camp: one (1) locked in the medication box and (1) available at all times.

LDAYR will, with the written approval of the parent and medical practioner permit a child to carry their own EpiPen and/or asthma/allergy medication in a belt pouch. LDAYR will assess and review each situation to ensure that the child is sufficiently responsible to carry and administer the EpiPen, asthma or allergy medication.

The EpiPen must accompany the child throughout the day, both indoors and outdoors. The EpiPen(s) must accompany the child on trips.

Each child with an EpiPen must have an Action Plan completed by the parent and physician. These forms must be reviewed and signed annually by the parent and by the child's physician.

Directions for administering puffers must be clear and a medication form must remain on file for both regularly and occasional use of puffers.

Parent's/Guardian's Name (Print)

Date of Signature

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Disclaimer

I hereby acknowledge that my son/daughter _____ is attending the Social Skills Camp.

I also acknowledge that my son/daughter will take part in the selection of topics and activities.

- The Learning Disabilities Association (LDAYR) as a community service offers this course. This however, does not imply endorsement of these methods or strategies as the only way in which children with learning disabilities and/or ADHD can learn social skills.
- I understand that I will be responsible for any damage done to the building or its contents.
- My child will be grouped according to age with a maximum of eight children per group.
- The groups will be determined after registration is completed, and will be based on appropriate ages of the children registered.
- All participants must have a primary diagnosis of Learning Disability and / or ADHD. Children with other diagnoses will not be eligible to participate.
- **Pick up time is by 4:00pm. When delayed I understand that LDAYR will charge a fee of \$5 for every 15 minutes over.**

Cancellation and Refund Policy:

All requests for cancellation must be submitted in writing.

Upon registration, there will be no refund for cancellation by participant's family unless there is a medical emergency substantiated by a doctor's letter.

- If your request is received before the start of the first day, you will receive a full refund less a \$25.00 administration fee.
- If your request to cancel is received after the first day of the camp, you will be charged for one day plus a \$25.00 administration fee.
- If your request to cancel is received after the start of the camp, you will be charged for the number of days attended and/or for the number of days that have taken place at the time your request for withdrawal was received by our office. A \$25.00 administration fee will also be charged.
- If your request to cancel is received after the program has ended, there will be no refund.
- A full refund will be provided if LDAYR must cancel the camp.
- **Returned Cheques Fee:** A \$25.00 service fee will be levied on all cheques returned as Non-Sufficient Funds (NFS); Stop Payment; or Funds Not Cleared

I have read the above information and agree to the terms stated.

Parent/Guardian Signature: _____

Date: _____

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Waiver Form

I/We permit (child's name) _____ to take part in the Social Skills Summer Camp program(s) and agree to waive any claims upon the Learning Disabilities Association of York Region (LDAYR) including Directors, Officers, or Employees in the event of any injury, loss or damage however caused that may be sustained by the above mentioned participant while taking part in the camp program(s).

In order for my child to participate in the Social Skills Summer Camp, I agree to be bound by the following conditions:

- ✓ **The Director at her/his sole discretion reserves the right to dismiss a child from the program when (s)he deems this to be in the best interest of either the child or the program (without refund of program fees to the parent).**
- ✓ Deadline for registration, including payment, is made two weeks prior to the commencement of the child's camp session.
- ✓ Fees are non-refundable with the exception of a letter from a family doctor stating medical reasons for non-attendance.
- ✓ A \$100 non-refundable registration fee is required which will be deducted from the camp fee.

Check the following:

- If applicable, I give permission to the staff of LDAYR to dispense the prescribed dosage of medication to my child. Permission to Dispense Medication form must be completed if the participant requires LDAYR staff to be responsible for storing, administering or supervising the administration of any medication.
- I understand and give permission to the staff of LDAYR to implement a "Cool Down" period for my child during the camp day, if it is deemed to be in their best interest.
- I understand that Social Skills Summer camp is not equipped to provide one-on-one counseling to my child and actions such as phone calls home, conversations with parents and dismissal from camp will be taken if a child exhibits continual inappropriate and aggressive behaviour*¹.

Signature of Parent/Guardian

Date

*¹Given that the nature of the social skills camp is to encourage positive and appropriate behaviours, the camp staff will employ a system whereby inappropriate and aggressive behaviour will be discussed with the camper and the parents, and a warning will be given before dismissal.

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Agreement Form

Sunscreen and Swimming Pool Procedures

1. All campers are required to bring **spray on sunscreen** with SPF of at least 50.
2. Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to morning drop off.
3. Parents or legal guardians will be responsible for providing their child/children with enough sunscreen for later applications.
4. Day camp staff will remind children to apply sunscreen throughout the day.
5. In the event that your child forgets to bring his/her sunscreen, staff will use LDAYR's sunscreen (Life Brand, SPF 60).
6. All campers are required to bring a hat to protect them from the sun.

Please note that these procedures were made to protect children from the dangers of ultraviolet rays. The LDA-YR Summer Camp goes to an outdoor swimming pool with limited shade area; if you prefer, bring an extra t-shirt to wear in the water for extra protection and an extra pair of sandals or shoes for the swimming pool area.

I have read, understood and agree to the LDAYR Sunscreen and Swimming Pool Procedures.

Parent/Guardian Initials: _____

Sunscreen Application

I grant permission to LDAYR staff to apply sunscreen on my son/daughter _____ as required.

Yes No

Signature of Parent/Guardian

Date