



Washago Community Centre Corporation
4361 Hamilton Street, P.O. Box 419
Washago, Ontario, L0K 2B0
705-689-6424
e-mail: WCCC@rogers.com

Welcome to the Washago Community Centre. Congratulations on registering your child into our Summer Day Camp. We will do our very best to ensure all children have the best experience ever! In order to guarantee a great summer we have a few suggestions and requests and some additional information for you.

- To create a safe and respectful environment, we have a 'hands off' rule for all children and counselors. This will be discussed and reinforced with all children.
- Since your child's safety is our primary concern, we will NOT release your child to anyone other than yourself and the people you have designated on the Sign Out form.

*No medication will be administered by camp staff

- Please send your child with the following:
 - A backpack or suitable carrying bag with – a change of clothes, a hat, sunscreen, bug repellent, swim suit, towel, water bottle and a litter-less lunch (if possible) and snacks. Children should wear suitable shoes for walking and bring another pair of indoor shoes. Please dress children appropriately (no Sunday Bests). Please ensure ALL items are clearly labelled. Although we will strive to keep track of everything, we are not responsible for lost items.

*Campers will **not** be swimming but will be involved in water games. When the campers are at the park, they may be fishing and in this activity, will be required to wear a life jacket and staff will have a safety ring in case of an emergency.

Please endeavor to adhere to drop off (9 AM) and pick up times (5 PM), unless you have made before or after care arrangements with us. Please notify us if there is a change in plans or if you are picking your child up early, in case we are going on an outing.

We know children do not always want to share all events in their day, so please feel free to call anytime if you have questions, concerns or just want an update on our activities or how your child is doing.

Thank you very much for your assistance and cooperation. We look forward to a fabulously exciting summer with all children.

The Washago Community Centre Staff and Counselors.

Washago Community Centre Summer Day Camp Registration Form

Name of Camper: _____

Address: _____ City: _____ Postal Code: _____

Birth Date(day/month/year) _____ Male ___ Female ___

Any cancellations to the attached contract re camp attendance schedule re days/weeks and need for before or after care requires a minimum of 1 week notice. Failure to give notice will result in billing you for the absent day(s). Prior notice will allow us to fill this vacancy from the waiting list.

Payment to be made by cash or cheque –cheques payable to Washago Community Centre – camp fees must be paid day 1 of each camp week. Failure to do so may result in loss of your camp spot. Any payment arrangements must be made through the office.

Is there any reason that would prevent your child's full participation in the camp program? Yes__No__

If so, please provide an explanation:

As a condition of acceptance of the above named camper, I/We agree to indemnify Washago Community Centre in respect to any loss or injury to the student and to assume full responsibility for medical and other expenses in the event of illness or accident. In case of surgical emergency, I hereby give permission to the physician selected by the Camp Director, to hospitalize and/or secure proper treatment which may include anesthesia or surgery for the child named above and have read and agreed to the conditions of registration/ enrollment>

Signed by: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E Mail Address: _____

CONDITIONS OF ENROLLMENT

- 1 The Camp Director reserves the right to dismiss a student who, in her opinion, has demonstrated behaviour and/or has not complied with the rules of the Centre
- 2 The parent or guardian submitting the application are those having legal custody of the child. Conditions of custody and access, if applicable, should be communicated to the Camp Director in writing.
- 3 I hereby give permission and the legal right to the Washago Community Centre for the use and ownership of any written or audio-visual material and photographs of the child for publicity and promotional purposes.

Signature of Parent/Guardian _____

(April 2017)

CAMP SCHEDULE 2018

CAMPER(s) _____

WEEK 1	9AM - 5PM	8 - 9AM	5-5:30PM
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MON JUL 2	_____	_____	_____
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TUES JUL 3	_____	_____	_____
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WED JUL 4	_____	_____	_____
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THURS JUL 5	_____	_____	_____
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FRI JUL 6	_____	_____	_____
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COST WEEK 1: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

WEEK 2	9AM - 5PM	8 - 9AM	5 - 5:30
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MON JUL 9	_____	_____	_____
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TUES JUL 10	_____	_____	_____
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WED JUL 11	_____	_____	_____
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THURS JUL 12	_____	_____	_____
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FRI JUL 13	_____	_____	_____
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COST WEEK 2: _____ **PAID:** _____

PARENT SIGNATURE: _____

DATE: _____

CAMP SCHEDULE 2018

CAMPER(s) _____

WEEK 3	9AM - 5PM	8 - 9AM	5-5:30PM
MON JUL 16	_____	_____	_____
TUES JUL 17	_____	_____	_____
WED JUL 18	_____	_____	_____
THURS JUL 19	_____	_____	_____
FRI JUL 20	_____	_____	_____

COST WEEK 3: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

WEEK 4	9AM - 5PM	8 - 9AM	5 - 5:30
MON JUL 23	_____	_____	_____
TUES JUL 24	_____	_____	_____
WED JUL 25	_____	_____	_____
THURS JUL 26	_____	_____	_____
FRI JUL 27	_____	_____	_____

COST WEEK 4: _____ **PAID:** _____

PARENT SIGNATURE: _____

DATE: _____

CAMP SCHEDULE 2018

CAMPER(s) _____

WEEK 5	9AM - 5PM	8 - 9AM	5-5:30PM
MON JUL30	_____	_____	_____
TUES JUL 31	_____	_____	_____
WED AUG 1	_____	_____	_____
THURS AUG 2	_____	_____	_____
FRI AUG 3	_____	_____	_____

COST WEEK 5: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

WEEK 6	9AM - 5PM	8 - 9AM	5 - 5:30
MON -HOL	_____	_____	_____
TUES AUG 7	_____	_____	_____
WED AUG 8	_____	_____	_____
THURS AUG 9	_____	_____	_____
FRI AUG 10	_____	_____	_____

COST WEEK 6: _____ **PAID:** _____

PARENT SIGNATURE: _____

DATE: _____

CAMP SCHEDULE 2018

CAMPER(s) _____

WEEK 7	9AM - 5PM	8 - 9AM	5-5:30PM
MON AUG 13	_____	_____	_____
TUES AUG 14	_____	_____	_____
WED AUG 15	_____	_____	_____
THURS AUG 16	_____	_____	_____
FRI AUG 17	_____	_____	_____

COST WEEK 7: _____ **PAID:** _____

PARENT NAME: _____

PARENT SIGNATURE: _____

DATE: _____

WEEK 8	9AM - 5PM	8 - 9AM	5 - 5:30
MON AUG 20	_____	_____	_____
TUES AUG 21	_____	_____	_____
WED AUG 22	_____	_____	_____
THURS AUG 23	_____	_____	_____
FRI AUG 24	_____	_____	_____

COST WEEK 8: _____ **PAID:** _____

PARENT SIGNATURE: _____

DATE: _____



WCCC SUMMER DAY CAMP 2017

HEALTH FORM

Please Note - Camp Staff do not administer medication

Camper's Name: _____

Health Card # _____ Province: _____

Emergency Contacts:

1. _____ Phone # _____

2. _____ Phone # _____

Physician's Name: _____ Phone # _____

Special Dietary Requirements: _____

Food Allergies: _____

Other Allergies: _____

Does your child require and carry an EpiPen? Yes No

What is the EpiPen for? _____

If Yes, does your child know how to administer the EpiPen? Yes No

Please circle the immunizations your child has had:

measles mumps rubella chicken pox diphtheria tetanus pertussis polio hepatitis B

Please circle any medical conditions that your child has:

hay fever diabetes frequent colds ear aches sinus epilepsy nose bleeds

frequent fainting severe stomach aches other: _____

Will your child be taking any medication during his/her time at camp? Please list the medication and particulars. What are any possible side effects?

In case of an emergency, is there any other information that we should be aware of that will assist camp staff in making informed decisions?

While every attempt is made to maintain a peanut-free environment, we cannot guarantee that this is a peanut free camp.

Parent/Guardian Name: (print) _____

Parent/Guardian Telephone Number(s): _____

E-Mail Address: _____

Parent/Guardian Signature: _____

Date: _____

SUMMER DAY CAMP RATES - 2018

WEEKLY RATE FOR 1 CHILD:	125.00 (\$25/day)
WEEKLY RATE FOR FAMILY- 2 CHILDREN:	225.00(\$22.50/day)
WEEKLY RATE FOR FAMILY WITH 3 CHILDREN:	325.00(\$21.65/day)

DAILY RATE FOR A CHILD - not attending full week: \$ 30.00

Child must attend a minimum of 3 days/week

BEFORE AND AFTER CARE WILL BE PROVIDED FROM 8-9AM cost \$5/day
OR 5 - 5:30 AT AN ADDITIONAL COST OF \$3/DAY

CAMP FEES MUST BE PAID 1st DAY OF CAMP EACH WEEK - BY CASH OR CHEQUE.

RETURNED CHEQUES WILL BE ASSESSED A \$10 ADMIN CHARGE

CANCELLATION POLICY:

A MINIMUM OF 7 DAYS NOTICE MUST BE GIVEN TO CANCEL PRE-ARRANGED CAMP REGISTRATION OR THE FULL FEES WILL BE APPLIED FOR THE WEEK OR DAYS REQUESTED.