



KINDERGARTEN SUMMER DAY CAMP PROGRAM

Camp Cicadas

July/August 2022

REGISTRATION PACKAGE



Camp Cicadas 2022 Participant Registration Forms

REGISTRATION CHECKLIST, PACKAGE & ENROLLMENT POLICIES

REGISTRATION CHECK LIST

When coming in to register for the Kindergarten Summer Day Camp Program, please ensure you have brought the following:

1. Completed Registration Package; including emergency contacts, all required signatures, etc.
2. Completed Medical Authorization form
3. Payment for Dates Required
4. Signed Enrollment Policies
5. Completed Emergency Form

The above information and documentation is required before registration can occur. Without this information, registration packages will be returned and spots will not be guaranteed.



CAMP CICADAS REGISTRATION PACKAGE 2022

- Kiddy Korner Daycare location (2 Edge St)
- Banbury Child Care location (141 Banbury Rd)

Child's LAST NAME	Child's FIRST NAME	Age	Birth Date (DD/MM/YYYY)
1)			
2)			
3)			

Child(ren's) Address	Postal Code	Phone Number

Email Address:

Emergency Contact Person	Relationship	Phone Number(s)
1)	Mother/Guardian	H: W: Work Name:
2)	Father/Guardian	H: W: Work Name:
3)		H: W: Work Name:
4)		H: W: Work Name:



AUTHORIZED INDIVIDUAL(S) TO PICK UP MY CHILD/REN FROM THE PROGRAM

Name	Relationship	Phone Number
1)	Mother/Guardian	H: W:
2)	Father/Guardian	H: W:
3)	Emergency Contact Person	H: W:
4)	Emergency Contact Person	H: W:
5)		H: W:
6)		H: W:

Please inform the listed individuals that if they have not attended the program in the past and the staff does not recognize them, they will be asked for identification for verification purposes. If you require someone other than an individual listed to pick up your child on any given day, we require written authorization, including a physical description of the person, name and phone number, before your child will be released into their care. Please ensure the letter is signed and dated by yourself.

Who has legal custody?

Both Parents Mother Father Guardian

If sole or joint custody arrangements are in place, photocopies of the court orders and conditions attached to the orders must be included with these forms



MEDICAL INFORMATION

Doctor's Name	Address	Phone

MEDICATIONS/ALLERGIES INFORMATION

Child(ren's) Name	Allergies/Reaction	Medications
1)		
2)		
3)		

All medications must be brought to the program in the container in which they were prescribed. Medication will be administered only as directed on the label and only to the child named on the label. A medication authorization form must be completed and signed. If your child suffers from a life-threatening allergen an additional Emergency Response Plan form must be filled out.

It is important to us that your child/ren have the best possible experience at the Boys and Girls Club Kindergarten Summer Day Camp program.

Indicate if camper experiences or has experienced any of the following;

Medical (ie Vision, Hearing, Seizures, Diabetes, Mobility) YES NO
 If yes; indicate medical details _____

Currently taking medication? YES NO
 Will medication be taken at camp? YES NO

*If medication is being taken at camp, please fill out medication authorization form
 Developmental/Learning (ADD, ADHD, Autism, Delays etc) YES NO
 If yes; indicate details; _____

Does your child(ren) require additional assistance? (camp maintains a ratio of 1:10 per camper group) YES NO
 If yes; please indicate if there is anything, we should know concerning school, relationships, abilities etc

 Signature of Parent/Legal Guardian

 D



Camp Cicadas 2022
EMERGENCY INFORMATION FORM

* This form is taken with staff on all out trip excursions *

Child's LAST NAME	Child's FIRST NAME	Age	Birth Date (DD/MM/YYYY)
1)			
2)			
3)			

Child(ren's) Address	Postal Code	Phone Number

Emergency Contact Person	Relationship	Phone Number(s)
1)	Mother/Guardian	H: W:
2)	Father/Guardian	H: W:
3)		H: W:
4)		H: W:

Child's Name	Allergies/Reaction	Medications
1)		
2)		
3)		

I understand that my child/ren will be treated by a physician, hospital staff member or Boys and Girls Club employee will administer First Aid/CPR should there be an accident, sudden illness or emergency.

Signature of Parent/Legal Guardian

Dat



Camp Cicadas 2022
MEDICATION AUTHORIZATION FORM

This form **MUST** be filled out should you require summer day camp staff to administer medications to your child/ren.

Only medications which have been prescribed by a physician will be administered.

ALL MEDICATIONS MUST BE BROUGHT TO THE CENTRE IN THE CONTAINER IN WHICH THEY WERE PRESCRIBED. MEDICATION WILL BE ADMINISTERED ONLY AS DIRECTED ON THE LABEL AND ONLY TO THE CHILD NAMED ON THE LABEL.

I hereby give permission for a Boys and Girls Club staff member to administer the following medication(s) to my child/ren.

Child's Name	Medication	Dosage	Administering Time(s)
1)			
2)			
3)			

 Signature of Parent/Guardian

 Date

* * *

Record of Medication Administering

Date	Child's Name	Time	Dosage	Staff Signature



Camp Cicadas 2022
WEST NILE VIRUS

Human illness from West Nile virus is rare, even in areas where the virus has been reported. In accordance with Health Canada, The Pest Management Regulatory Agency, The Centre for Disease Control and the Ontario Ministry of Health, the Boys and Girls Club of Brantford takes this health situation seriously. The Club understands the public's concern over West Nile Virus. The Club's policy has been put into place to help minimize the risk of exposure to a mosquito bite.

Policy

To make reasonable efforts to minimize the risk of exposure to a mosquito bite to staff and participants in our care.

Supply and Application of Insect Repellent

- It is the responsibility of the parent/guardian to supply their child with an insect repellent. The insect repellent container must be labelled with the child's full name
- Club staff will only supervise the application of Insect Repellent to all participants before all outdoor exposure

Application of Insect Repellent

Insect repellent is to be applied before outdoor exposure and after sun screen application. Repeated applications must be based on the instructions written on the label.

- Club staff **WILL SUPERVISE** the application of Insect Repellent on children
- Participants are discouraged from applying repellent to their hands or face to reduce the chance of getting repellent in their eyes or mouth
- Insect Repellent should not be applied directly to a child's skin. It should be applied to their hands and then sparingly on the child's exposed skin
- Insect Repellent should not be used on open wounds, if the skin is irritated or sun burnt
- Application will occur in a well-ventilated area and not near food
- Application should be sparingly and only on exposed skin surfaces or on top of clothing
- Upon returning from the outdoors participants will wash hands and all treated skin area with soap and water

I, being the parent/guardian of _____, understand the Boys and Girls Club of Brantford's Policies and Procedures for West Nile Virus.

Parent/Guardian Signature

Date



Camp Cicadas 2022
SUN EXPOSURE

Sun safety is important whether you're at home, on vacation or at summer day camp. The Club's policy has been put into place to help minimize the risk of exposure to harmful effects from the sun.

Policy

To make reasonable efforts to minimize the risk of exposure to harmful UVA and UVB rays from the sun to staff and participants in our care.

Supply and Application of Sunscreen

- It is the responsibility of the parent/guardian to supply their child with sunscreen. The sunscreen container must be labelled with the child's full name
- Club staff will only supervise the application of sunscreen to all participants before all outdoor exposure

Application of Sunscreen

Sunscreen is to be applied before outdoor exposure. Repeated applications must be based on the instructions written on the label.

- Club staff **WILL SUPERVISE** the application of Sunscreen on children
- Upon returning from the outdoors participants will wash hands and all treated skin area with soap and water

Additional Information

All camp participants are encouraged to wear hats and sunglasses during outdoor activities.

I, being the parent/guardian of _____, understand the Boys and Girls Club of Brantford's Policies and Procedures for Sun Exposure.

Parent/Guardian Signature

Date



Camp Cicadas 2022
HAND SANITIZER

Safety is important whether you're at home, on vacation or at summer day camp. The Club's policy has been put into place to help minimize opportunities for the transmission of virus's or bacteria.

Club programs are diligent in ensuring that proper hand-washing occurs in our programs whenever our programs are providing snacks or meals etc.. However, there may be times when the Club chooses to increase precautionary measures and includes the application of hand sanitizer.

Policy

To make reasonable efforts to minimize the risks of transmitting or spreading virus's or bacteria to staff or participant's in our care.

Supply and Application of Hand Sanitizer

- Club staff will supervise the application of hand sanitizer to all participants

I, being the parent/guardian of _____, understand the Boys and Girls Club of Brantford's Policies and Procedures for Hand Sanitizer.

Parent/Guardian Signature

Date



Camp Cicadas 2022
COVID 19 (SUBJECT TO CHANGE)

Through safety measures, recommendations and policies provided by the municipality, public health, and our national organization, we have prepared to meet the standards and guidelines in order to open for camp. We appreciate your support and understanding as we all navigate through these changes that have affected our lives, especially our children.

The health and well-being of our children, families, and staff, is our top priority. Upon arrival at the camp location, you will discover many changes and new procedures put in place to ensure the health and safety of all those who enter the facility. We wish to advise you of what to expect to avoid surprises.

- A procedure for pre-screening before entering the building. A procedure regarding isolation if an individual displays symptoms of COVID-19.
- Encouraging frequent handwashing throughout the day by all campers and staff. Hand sanitizer stations are readily available.
- Multiple cleaning procedures of shared surfaces using approved products for disinfection by Health Canada.
- PPEs are provided to our staff and are mandatory to be worn. All staff have participated in training specifically in regard to these additional safety measures as well.
- All rooms and spacing have been sanitized and reconfigured to ensure physical distancing and reduce the interaction between other cohorts of children.
- Any visitors, aside from BGC employees and registered campers, are to remain at the entrance of the building and cannot travel through the facility without permission by Management.
- The Boys and Girls Club of Brantford will follow recommendations from the Brant County Health Unit in regards to all masking and health and safety procedures
- All campers registered in Camp Cicadas will be **REQUIRED** to wear a non-medical face covering while in program- both inside and outside (Effective March 22nd 2021)
- All parent/guardians dropping off and picking up children from Camp Cicadas are required to wear a non-medical face covering inside and outside of the facility.
- Parents/guardians are responsible for providing their child(ren) with a mask(s)

I, being the parent/guardian of _____, understand the Boys and Girls Club of Brantford's best practices and protocols for COVID 19.

Parent/Guardian Signature

Date



Camp Cicadas 2022
EMERGENCY RESPONSE PLAN
 (**ONLY** for those participants with life-threatening allergies)

PARTICIPANT INFORMATION (To be completed by Parent/Guardian)	
Name of Participant:	
Address:	
Home Phone #	Date of Birth
Name of Father	Business #
Name of Mother	Business #
Emergency Contact	Phone #
PARTICIPANT PHOTO REQUIRED	
PHYSICIAN INFORMATION (to be completed by Family Physician)	
Allergy Description: The above named child has a dangerous, life-threatening allergy to the following: * foods _____ * and all foods containing them in any form in any amount, including the following kinds of items: _____ * bee/insect stings * medications _____ * latex * vigorous exercise	
Symptoms of Reaction:	
EMERGENCY RESPONSE PLAN	
-2-	



Recommended Response to Reaction:	
Medication:	Dosage:
Additional Instructions or Information:	
Name of Physician:	Telephone:
Signature of Physician:	Date:

INDIVIDUALIZED PLAN FOR A CHILD WITH MEDICAL NEEDS

This form must be completed for a child who has one or more acute or chronic** medical conditions such that he or she requires additional supports, accommodation or assistance.*

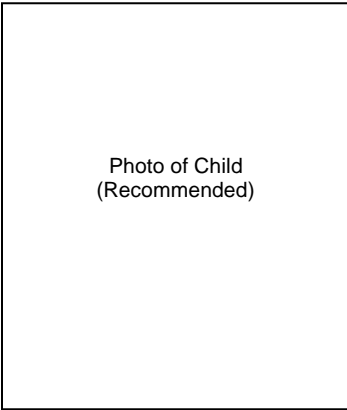
Child's Full Name:

Child's Date of Birth:
(dd/mm/yyyy)

Date Individualized Plan Completed:

Medical Condition(s):

- Diabetes Asthma
- Seizure Other:



Prevention and Supports

STEPS TO REDUCE THE RISK OF CAUSING OR WORSENING THE MEDICAL CONDITION(S): *[Include how to prevent an allergic reaction/other medical emergency; how not to aggravate the medical condition (e.g. Pureeing food to minimize choking)]*

LIST OF MEDICAL DEVICES AND HOW TO USE THEM (if applicable): *(e.g. feeding tube, stoma, glucose monitor, etc.; or not applicable (N/A))*

LOCATION OF MEDICATION AND/OR MEDICAL DEVICE(S) (if applicable): *(e.g. glucose monitor is stored on the second shelf in the program room storage closet; or not applicable (N/A))*

SUPPORTS AVAILABLE TO THE CHILD (if applicable): *(e.g. nurse or trained staff to assist with feeding and/or disposing and changing of stoma bag; or not applicable (N/A))*

Symptoms and Emergency Procedures

SIGNS AND SYMPTOMS OF AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: *[include observable physical reactions that indicate the child may need support or assistance (e.g. hives, shortness of breath, bleeding, foaming at the mouth)]*

<p>PROCEDURE TO FOLLOW IF CHILD HAS AN ALLERGIC REACTION OR OTHER MEDICAL EMERGENCY: <i>[Include steps (e.g. Administer 2 puffs of corticosteroids; wait and observe the child's condition; contact emergency services/parent or guardian, parent/guardian/emergency contact information; etc.)]</i></p>
<p>PROCEDURES TO FOLLOW DURING AN EVACUATION: <i>(e.g. ice packs for medication and items that require refrigeration; how to assist the child to evacuate)</i></p>
<p>PROCEDURES TO FOLLOW DURING FIELD TRIPS: <i>(e.g. how to plan for off-site excursion; how to assist and care for the child during a field trip)</i></p>

Additional Information Related to the Medical Condition (if applicable):

--

This plan has been created in consultation with the child's parent / guardian.

Parent/Guardian Signature:

Print name:	Relationship to child:
Signature:	Date: (dd/mm/yyyy)

The following individuals participated in the development of this individual plan (optional):

First and Last Name	Position/Role	Signature

Frequency at which this individualized plan will be reviewed with the child's parent/guardian:



Camp Cicadas 2022
Enrolment Policies

1. I am aware that the program is not responsible for lost items or belongings and the program recommends that my child/ren leave valuable items at home including electronic devices
2. I am aware that personal electronics are strongly discouraged due to program philosophy/ goals and potential theft. If personal electronics are brought to program, camp leaders have the right to confiscate electronics if they are being used in a negative matter or disrupting program. Electronics will be returned at the end of the day to the parent/guardian
3. I am aware that during summer camp I am responsible to provide a lunch which includes snack for the morning. Snack and lunch will not require refrigeration
4. I am aware that registration is on a first come, first served basis and that my child/ren's spot can only be secured when payment and completed registration forms have been received
5. I am aware that for summer camp that registration must occur 24 hours in advance of the desired day BEFORE 5:15pm. Monday registrations must be completed by 5:15pm the Thursday prior. Registrations will not be accepted the morning of the day of the program or on weekends
6. I am aware that all fee's are to be paid according to the payment schedule and/or at time of registration
7. I am aware that a \$30.00 NSF fee will be applied for cheques which have been returned due to insufficient funds. I am also aware that the agency has the right to insist on payment in cash for services to be provided at any time due to negative history regarding payment.
8. I am aware that there will be no refunds for days missed by my child
9. I am aware that the receipt issued at the time of registration is my tax receipt. I am aware if I require replacement receipts due to loss, etc., I will be charged \$20.00 PER REQUIRED RECEIPT.
10. I am aware that it is my responsibility to ensure the program is notified BEFORE 8:30am should my child/ren not be able to attend the program
11. I am aware that if I am late picking my child/ren up from the program (according to the agency clock) I am responsible for a late fee (\$1.00 per minute per child) which is payable to the staff member who has been required to stay past their shift
12. I am aware that is my responsibility to ensure that all information regarding my child(ren) is provided in the registration package (ie support agencies, diagnosis, medications etc). Failure to



provide this information could result in termination of services

- 13. I am aware of the Behaviour Expectations for my child(ren)
- 14. I am aware of the Termination of Services policy
- 15. My child/ren will not be released to anyone not listed on the authorized individuals form, unless a staff member is notified in writing of a change or verbal permission has been granted. Should my child/ren require a taxi service I will notify the program
- 16. I am aware that if there are sole or joint custody arrangements for my child/ren I will provide all the necessary information and documentation to Club personnel. I am aware without any proof or documentation the agency and/or police cannot stop a parent from taking my child/ren
- 17. I am aware that it is my responsibility to notify the program of any changes regarding address, telephone number, employment, doctor, etc., concerning my child/ren
- 18. I am aware that if my child is on prescribed medication, staff can administer, provided I have filled out a medication authorization form. I am aware that the medication must be in its original container, with my child's name and dosage clearly marked. No outdated medication will be given by Club staff
- 19. In the event that immediate medical attention must be given to my child and the program is unable to reach myself or the emergency contact person, I acknowledge that qualified Boys and Girls Club staff will administer First Aid/CPR to my child/ren, prior to an emergency room doctor administering any necessary treatment to my child. In addition, I acknowledge and authorize a qualified doctor to administer the treatment necessary.
I understand that my child/ren will be treated by a physician, hospital staff member or Boys and Girls Club employee will administer First Aid/CPR should there be an accident, sudden illness or emergency.

Signature of Parent/Legal Guardian

Date

- 20. I am aware that walking excursions may be planned for the children as part of the program. In addition, I am aware that a minimum of one field trip is planned per week, where campers are transported by the Club to another location (e.g.. Toronto Zoo, London Children's Museum, App's Mill) as part of the program.
I give permission for my child/ren to participate in summer camp field trips and/or excursions and be transported by Boys and Girls Club vehicles.

Signature of Parent/Legal Guardian

Date



21. Your child may participate in an event or activity where photos, video or audio of Club participants may be taken for promotional/educational/fundraising purposes. Please read this Media Consent Form carefully and indicate below your permission.

I hereby give Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford consent to use and reproduce my child's/youth's first name/image for promotion purposes related to Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford. My child's/youth's first name (unless otherwise authorized) image may be published or used in newspapers, promotional videos, television commercials, program brochures, posters, World Wide Web or otherwise displayed to the public or used for other educational/fundraising purposes, either in whole or part by Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford. I release Boys and Girls Clubs of Canada/Boys and Girls Club of Brantford and its agents from any and all claims, of any nature, based on any uses of the above.

- I Accept
- I Decline

Signature of Parent/Legal Guardian

Date

22. I authorize the Boys & Girls Club to include in their stakeholders database my name, address, email address and telephone number, and I am fully aware that this database is used to inform individuals of upcoming initiatives and events of the agency, distribution of Club or program information, solicit potential donors as part of an annual giving campaign and/or solicit funds as part of other funding development opportunities the agency may design/develop.

YES _____ NO _____

Signature of Parent/Legal Guardian

Date

23. I acknowledge that the Boys and Girls Club of Brantford utilizes a video surveillance system as a means by which to deter and/or prevent theft and vandalism (exception being private areas such as washrooms, showers and dressing rooms), and that while on the Boys & Girls Club property Edge Street, Brantford), and accessing/utilizing the facility, I and/or my children or those in my company may be under video surveillance monitoring at any time.

Signature of Parent/Legal Guardian

Date

I do hereby represent that all statements and information made on all required enrolment forms are correct. I have read, understand and agree to abide by all of the enrolment policies as stated.

Signature of Parent/Guardian

Date



24. I am aware that it is my responsibility to complete payment by the payment deadlines below. I am aware that if payment is not made by the payment deadline, then my child(ren)'s camp spot will become available to another participant.

Signature of Parent/Guardian

Date

PAYMENT SCHEDULE 2022

CAMP WEEKS & DATES	PAYMENT DUE DATE
Week 1 & Week 2 July 4 th – July 15 th	May 20 th 2022
Week 3 & Week 4 July 18 th – July 29 th	June 3 rd 2022
Week 5 & Week 6 August 2 nd – August 12 th	June 17 th 2022
Week 7 & Week 8 & Week 9 August 15 th – September 2 nd	July 8 th 2022

FEES

Fees for the Summer Day Camp Program are as follows:

\$40.50 full day

\$180 full week

\$145 for holiday week

\$5.50 per day for EARLY or LATE supervision (7:30am-8:00am) OR (5:15pm-5:45pm)



Camp Cicadas Day/Week Registration

Please Check Off the Days and/or Weeks You Are Requesting

Week 1 : July 4 th – July 8 th	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 2 : July 11 th – July 15 th	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 3 : July 18 th – July 22 nd	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 4 : July 25 th – July 29 th	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 5 : August 2 nd – August 5 th	
Monday	CLOSED
Tuesday	
Wednesday	
Thursday	
Friday	

Week 6 : August 8 th – August 12 th	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 7 : August 15 th – August 19 th	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 8 : August 22 nd – August 26 th	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Week 9 : August 29 th – Sept 2 nd	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please indicate if you will be applying/receiving childcare subsidy through the City of Brantford

YES

NO

Camp Cicadas Banbury does not operate Week 9

Please circle if you require early supervision (**7:30am-8:00am**) OR late supervision (**5:15pm-5:45pm**) for the days/weeks selected above

EARLY

LATE

Registration for one time slot only permitted