



Welcome to The Village Camp 2019!

Enrolment **cannot** be confirmed until all the following forms are fully completed and returned:

- Choose Your Camp Weeks form
- Pre Authorized Debit (EFT) with void cheque
- Admission Forms (3 pages)
- Allergy and Medic Alert (if applicable)
- Summer Camp Consent and Agreement form
- Camper Code of Conduct
- Parent Code of Conduct
- Lottery Form (if applicable)

*Please note that The Village Children's Programs complete policy manual and parent handbook are available on our website www.thevillagechildrensprogram.ca under "Links."

Fees

Camp Day	9-4	\$271
Extended day	7-6	\$308
**Short week – Camp Day	9-4	\$226
**Short Week – Extended Day	7-6	\$247

\$40 registration fee per family for new "Village" families only.
Fees include 2 snacks, lunch, trips and all activities.

"First Time" Campers receive a free t-shirt. "Growing" Campers can recycle shirts that they have grown out of to receive a free new one.

Due to limited space for Week 9, those who wish can submit the attached form and return it by May 10th, 2019 to be included in the week 9 lottery. The lottery will take place on Monday May 13th.

Available Discounts

Multiple Weeks: Enroll for 3 weeks and receive a 5% discount on all additional weeks.

OR

Family Rate: Full rate for first child and 5% off total fees for each additional child.

**Please return this fully completed package to: The B&A program at your school
or The Village Camp at 388 Whites Hill Ave, Markham L6B 0J3. (905)209-8886
or The Village Head Office at 5300 14th Ave., Markham, ON, L3S 3K8. (905)471-8180**

Choose your Camp Weeks

Payments are be made by Electronic Funds Transfer, PAD form attached. Fees must be paid before the child(ren) can attend their scheduled weeks.

Child #1 Child's Name: _____ Birthdate: YY/MM/DD _____ / _____ / _____

Payment due:	Date	Week *Please indicate with a ✓	Camp Hours *Please circle	Amount For the week
June 14th, 2019	**July 2-5 <small>*closed Monday for Canada Day</small>	**Week 1	7-6 or 9-4	\$
	July 8-12	Week 2	7-6 or 9-4	\$
	July 15-19	Week 3	7-6 or 9-4	\$
	July 22-26	Week 4	7-6 or 9-4	\$
July 19th, 2019	July 29-Aug 2	Week 5	7-6 or 9-4	\$
	**Aug 6-9 <small>*closed Monday for Civic Holiday</small>	**Week 6	7-6 or 9-4	\$
	Aug 12-16	Week 7	7-6 or 9-4	\$
	Aug 19-23	Week 8	7-6 or 9-4	\$
May 17th, 2019	**Aug 26-29 <small>*closed Friday</small>	**Week 9	7-6 or 9-4	\$

Child #2 Child's Name: _____ Birthdate: YY/MM/DD _____ / _____ / _____

Payment due:	Date	Week *Please indicate with a ✓	Camp Hours *Please circle	Amount For the week
June 14th, 2019	**July 2-5 <small>*closed Monday for Canada Day</small>	**Week 1	7-6 or 9-4	\$
	July 8-12	Week 2	7-6 or 9-4	\$
	July 15-19	Week 3	7-6 or 9-4	\$
	July 22-26	Week 4	7-6 or 9-4	\$
July 19th, 2019	July 29-Aug 2	Week 5	7-6 or 9-4	\$
	**Aug 6-9 <small>*closed Monday for Civic Holiday</small>	**Week 6	7-6 or 9-4	\$
	Aug 12-16	Week 7	7-6 or 9-4	\$
	Aug 19-23	Week 8	7-6 or 9-4	\$
May 17th, 2019	**Aug 26-29 <small>*closed Friday</small>	**Week 9	7-6 or 9-4	\$

**Indicates short week

Transfer and Cancellation: Two weeks written notice is required for cancellations of camp weeks with a refund. Transfer of weeks requires two weeks written notice and will only be permitted if space is available. A \$30 administration fee will be applied to both.



The Village Children's Programs
5300 14th Avenue Markham, On L3S 3K8
Phone Number: (905) 471-8180 email: headoffice@thevillagechildcare.ca

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize The Village Children's Programs and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our scheduled payment and/or one-time payments from time to time, for payment of all charges arising under my/our payments. Regular payments for the full amount of services delivered will be debited to my/our specified account as per the fee schedule or as scheduled. If there is an increase to the stated amount you will receive written notification.

This authority is to remain in effect until The Village Children's Programs has received written notification from me/us of its change or termination. This notification must be received in writing at least ten (10) business days before the next debit is scheduled at the address provided below. More information on my/our right to cancel a PAD Agreement is available at my/our financial institution or by visiting www.cdnpay.ca.

The Village Children's Programs may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

PLEASE PRINT

DATE: _____

Account Holders Name(s): _____ -

Child(ren)'s Name: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ (Cell.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____
(Branch -5 digits; FI - 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____



ADMISSION INFORMATION

Childs Full Name _____ Date of Birth (YY/MM/DD) _____

Child's Home Address _____ City _____ Postal Code _____ Home Tel. Number _____

Physician's Name _____ Physician's Address _____ City _____ Postal Code _____ Physician's Tel. Number _____

PARENT/GUARDIAN CONTACTS:

Name of Parent and or Guardian _____ Name of Parent and or Guardian _____

Home address (if different than above) _____ Home Address (if different than above) _____

Home Telephone Number (If different than above) _____ Home Telephone Number (if different than above) _____

Daytime Location (employer, school, home, etc) _____ Daytime Location (employer, school, home, etc) _____

Daytime Address _____ Postal Code _____ Daytime Address _____ Postal Code _____

Daytime Telephone Number _____ Daytime Telephone number _____

Cell phone number _____ Cell phone number _____

Email Address _____ Email Address _____

CUSTODY/VISITATION ARRANGEMENTS (IF APPLICABLE):

Are there any legal documents pertaining to this child which will prohibit specific individuals from picking up the child?
 ____ Yes ____ No Please check one. If yes, please provide a copy of the documents for the child's file since it is required to restrict a parent from picking up a child.

I/We authorize ONLY the following persons to pick up my child from the Program (all of whom are over 18 years of age) or act as an emergency contact in the event that I/we cannot be reached: Under no circumstances will your child be released to anyone not listed about without written authorization.

	Persons Name	Relationship to the child	Full Address	Phone number 1	Phone number 2
1					
2					
3					

Please list any special instructions that are relevant and important for the staff to be aware of regarding your child. Have there ever been concerns or involvement with any agency/medical professional related to the development, behaviour, medical, emotional or physical development of this child? _____

Office Use Only: Enrollment Start Date: _____ Withdrawal Date: _____
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CONSENT/ AGREEMENT FORM

Please read the following policies and procedures and initial your understanding of the policy and your willingness to abide by it.

	Please initial that you have read and understand.
I/We agree to read the Policy Manual of The Village Children's Programs and follow policies set out in it.	
I/We will bring our child(ren) into the classroom and greet the teacher at drop off and pick up times to exchange pertinent information and ensure supervision.	
I/We will keep The Village and/or program staff informed of changes in information relevant to my child, i.e. file information such as telephone numbers, change in child's health, unusual happenings at home etc.	
I/We will keep payments current and up to date and paid in advance. Fees are due for statutory holidays and any other absent days (for illness or any reason) and any closure of the centre in the event of an emergency.	
I/We allow my child(ren) to use all the play equipment and participate in all of the activities of the program. I hereby grant permission for my child to leave the centre premises under the supervision of a staff member for neighbourhood walks.	
I/We hereby consent to have my child leave the premises of The Village Children's Programs from time to time, to participate in excursions to places of interest, planned as part of the children's program. It is understood that members of the staff will provide supervision and every precaution will be taken for the safety of the child. Parents will also receive written notification prior to each full day field trip or excursion to enable them to decide at that time if they wish to take part.	
I/We grant permission for the operator, or designate of The Village Children's Programs to take any necessary steps to obtain emergency medical care if warranted. A full outline of emergency procedures, policies and practices is in the Policy Manual. Any expenses incurred during an emergency will be the responsibility of the child's family.	
The Board of Directors reserves the right to review and adjust the current fees during the year as deemed necessary.	
Depending on the program your child is registered for, closing times will vary. Any parent who arrives to pick up their child after their pre-determined scheduled times will be required to pay a late fee of \$2.00/minute. Fees owed will be invoiced. In the event that the parent is late to pick up their child on more than 2 occasions the family may be withdrawn from the program.	
The Village Children's Programs reserves the unilateral right to cancel any arrangements, if policies of The Village are not followed by a child or parent.	
I/We understand that should my child require any enhanced staffing funding that his/her enrolment may be dependant on this funding's approval.	
The Village Children's Programs will not be responsible for any incident that may occur as a result of false information given at the time of enrollment. I/We understand that my child(ren)s enrollment is contingent on all information outlined in these forms to be full and accurate.	

	Yes I agree	No I do not agree
I/We give consent for the appearance of my/our child to appear in any publicity arranged by The Village through the various media, newspapers, radio, television, slide presentation and other publicity or educational purposes. This publicity may be in the form of photographs, video, writing pieces, and artwork with child's first name It is felt that it is important for the community to be kept informed of activities of the program.		

We have read the above policies and fully understand all of the above information:

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

Staff Signature Date

Child Health Record

Call the York Region Community and Health Services Immunization Team at 1-877-794-1880 facilities if:

- This child needs an exemption from immunization against any disease listed for medical, religious or philosophical reasons, or
- This child does not have an immunization record, or
- You have any questions about this form

In the event that immunizations are not given to the child a fully signed letter must accompany this form.

Please fill in the date below that your child received the following or attach a copy of your child's immunization record.

Immunization records are required for Infant, Toddler and Preschool children only.

Month/day/year		Month/day/year	
	Diphtheria		Measles
	Tetanus		Mumps
	Pertussis		Rubella
	Polio		Men C Conjugate
	Haemophilus B (Hib)		Varicella
	Pneumo Conjugate		Hepatitis B

Previous Medical History – please indicate all that apply

<input type="checkbox"/>	German Measles	<input type="checkbox"/>	Poliomyelitis	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Small Pox	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Giardia Lamblia
<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Diphtheria
<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Reaction to Bites or stings	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	

Other medical issues: _____

Allergies: _____

Skin Conditions: _____

Sight Difficulties: _____

Hearing Difficulties: _____

Is your child or has your child ever been associated with or seen by: (Please initial where applicable)

Yes

No

Any Behaviour Management Services ie: Mackenzie Health, Durham Region		
Early Intervention Services. If yes, please indicate name of Interventionist: _____		
Any Speech and Language Program ie: York Region, Beyond Words		
The York Centre, Blue Hills, Kinark,		
Grandview Children's Centre		
Any other agency related to development, medical or behaviour needs		
Has your child ever received any Enhanced Funding?		

If yes to any of the above, please explain in further detail: _____

Please list any other information that will enable us to work more effectively with your child: _____

Is your child under any forms of treatment/medication? If yes, please explain: And will it impact their participation in the program in any way? _____

Enrollment is contingent on all information outlined in these forms being full and accurate.

Signature Parent/Guardian

Date

Signature Parent/Guardian

Date



Allergy or Medical Alert Notice

If your child has an allergy or medical condition that we should be aware of please indicate it here. Anaphylactic allergies will require further documentation. Download them from our website www.thevillagechildcare.ca or request one from staff.

Child's Name: _____

Allergy or Medical Condition:

Parent Signature: _____ Date: _____

- All proper documentation has been completed



Summer Camp Consent and Agreement Form

- I understand that two weeks written notice is required for cancellations with a refund. A \$30 administration fee will be applied to all cancellations.
- I understand that transfer of weeks requires two weeks written notice and will only be permitted if space is available. A \$30 administration fee will be applied to all transfers.
- My child(ren) may go on weekly field trips accompanied by staff of The Village and driven by a reputable bus company.
- My child(ren) may participate in local walks or activities that may require leaving the camp property, while under the supervision of The Village staff.
- I understand that all activities, special events and field trips are contingent on enrolment, availability, weather or other factors and are subject to change with little or no notice at the discretion of The Village Administration.
- It is very important that all Campers have the proper attire/equipment everyday in order to participate in all aspects of camp. Including swim wear, running shoes, sunscreen, hat, weather appropriate clothing.
- I will provide a CSA approved lifejacket when necessary for swimming or other field trips or events.
- No outside food of any kind is permitted at camp.

Parent/Guardian Signature: _____ Date: _____



Child "Code of Conduct" Contract 2019

As a participant of the The Village Camp, you are expected to conduct yourself within the following code of behaviour which promotes safety, comfort and respect.

Anyone causing or intending to cause harm to another person or staff member or is creating an unsafe environment or impeding on a positive experience for others may face withdrawal.

At all times you will:

- Be courteous to others.
- Use acceptable language. Swearing will not be tolerated.
- Conduct yourself in a manner which allows each child and staff member to feel safe from verbal and physical abuse.
- Resolve conflict in a peaceful manner.
- Respect the building and equipment as well as the personal property of all children and staff.
- Show respect for all individuals through your behaviour and words.

Possible Consequences:

Failure to meet the above expectations may result in any of the following consequences:

- Contact with parents.
- Meeting with parents, teacher and/or supervisor.
- Loss of privileges and/or participation in programs.
- Withdrawal from the program.

I have read the above code of conduct and agree to follow it. I also understand that if I choose to not follow these rules, it is my responsibility to accept the consequences of my behaviour.

Child's Name

Child's Signature

Parent Signature

Date

Staff Signature



The Village Children's Programs Parent Code of Conduct

We all have the right to be safe and feel safe in our school community. The Village Children's Programs sets clear standards of behaviour that apply to all individuals involved in our organizations community including parents, volunteers, educators, and/or board members.

These standards apply whether they are on centre property or at organization-sponsored events and activities.

All members of the organizations community are to be treated with respect and dignity regardless of race, creed, sexual orientation, disability or any other ground protected by Ontario's Human Right Code.

All adult members have the responsibility to act as models of good behaviour. Foul language (swearing, name-calling, shouting), is not appropriate. Individuals engaging in such behaviour will be asked to leave the premises immediately.

Inappropriate behaviour or harassment of any kind towards a child, parent or educator will result in immediate intervention up to and including the family's withdrawal from the program and/or police intervention. This type of behaviour included, but is not limited to, harassment or intimidating by written note, email, words, gestures, and/or body language.

No weapons are allowed on The Village Children's Programs property or at any function operated by The Village. The consequences for failure to comply will include but is not limited to the family's withdrawal from the organization.

The privacy and confidentiality of our children, parents, educators, volunteers and students is important to us. All concerns and comments should be addressed with the teachers. Should this discussion not address your concerns, a review of the situation with the program supervisor and/or executive director should be conducted. Failing resolution with the program supervisor/executive director, the matter will be referred to the appropriate member of the Board of Directors.

Gossip and public criticism are unacceptable. There should be no discussion of concerns with other parents in the hallways, the parking lot or via electronic medium such as social media.

Any pictures taken at any of our programs or during events are for the private use of the family only. These pictures cannot be posted in on-line photo albums or social media.

This code of conduct must be adhered to by any and all adults that will be involved in your child's experience at The Village Children's Programs including parents, grandparents, siblings and caregivers.

I have read the Code of Conduct and agree to terms as stated. I have been given the opportunity to review this document, ask questions if required, and confirm that no further clarification is necessary.

Child's Name: _____

Parent/guardian Name: _____

Signature: _____

Date: _____



The Village Camp
Week 9 request form 2019

Lottery will take place on **Monday May 13th, 2019 at 10am**

Please fill in all fields and submit this form by **Friday May 10th, 2019 by 6:00pm** to:

The B&A program at your school	OR	The Village Camp 388 Whites Hill Ave Markham, ON Fax: 905-209-8886	OR	The Village Head Office 5300 14 th Ave Markham, ON Fax: 905-471-2850
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Family Name: _____

Child #1: _____

Child #2: _____

Child #3: _____

Parent's Name: _____

Contact Numbers: _____

Email address: _____

Parent's Signature: _____

You will be notified by email or phone and payment will be required by
Friday May 17th, 2019 in order to secure a spot. Fees for this week are
non-refundable.

For office use only:

Payment received: _____

Administrative staff signature: _____