



DELTA FAMILY
RESOURCE
CENTRE

SUMMER
REGISTRATION
PACKAGE

2017

DELTA FAMILY RESOURCE CENTRE SUMMER REGISTRATION PACKAGE

This year your child has the opportunity to participate in Delta Family Resource Centre's (DFRC) Summer Camp at **Venerable John Merlini Catholic School** (123 Whitfield Avenue, Weston, ON M9L 1G9). The summer program will provide comprehensive programming focused on mental health and well being, physical education, technological literacy, character development and environmental education. DFRC's summer camp will provide a positive environment, culturally diverse and free from discrimination, where participants feel engaged, respected and involved. The aim is to utilize and support participants' cultures, identities and experiences to increase self-esteem, resilience and self confidence.

The summer program is available for children/youth ages **6 – 13 years old** and will run full day **Monday - Thursday, 9:00am - 4:00pm** from **July 4th to August 11th 2017**. The registration cost is only \$150 per participant. However, for families with more than one child, the second child will be \$75 and every child after that will be \$50.

We will only be accepting cash or cheque payments, please make cheques payable to Delta Family Resource Centre. Please note that participants will need to bring lunch. Participants will also have the opportunity to experience field trips.

To register please **return** this **package and payment** to Delta Family Resource Centre (2972 Islington Ave Unit 5). Please note, space is very limited and we will reach capacity very quickly. Please sign up as soon as possible to avoid disappointment.

If you have any questions please call Jonatan at 416 – 747 – 1172 ext 76.

PARTICIPANT INFORMATION

Name of child _____

D.O.B (Year/Month/Day) ____/ ____/ ____

Home Address: _____

Telephone Number: _____

Name of parent/guardian: _____

Home address: _____

Work address: _____

Home telephone number: _____

Work telephone number: _____

PARTICIPANT CONTACT INFORMATION (OTHER THAN PARENTS)

In case of emergency, who should we contact?

Name of parent/guardian: _____

Home address: _____

Home telephone number: _____

Work telephone number: _____

Relationship to the student: _____



PARTICIPANT HEALTH INFORMATION

Name of child _____

D.O.B (Year/Month/Day) ____/ ____/ ____

Health Card Number with Version Code _____

Please indicate if your child has ANY of the following physical/medical conditions, including details.

ASTHMA _____

ALLERGIES _____

Does your child use an epi-pen? Yes ___NO___ If yes, please ensure that he brings his epi-pen with him DAILY.

DIABETES _____

HEART DISORDER _____

ORTHOPEDIC PROBLEMS (FOOT) _____

OTHER _____

Is your child taking any medication Yes___No___If YES, please provide details.

Does your child wear eyeglasses? Yes___No___

Date of last vision test (Year/Month/Day) ____/ ____/ ____

Does your child wear an hearing aid? Yes___NO___

Are there any restrictions or special considerations during the summer program?

Yes___NO___If YES, please provide details.

Name of Family Doctor or Clinic: _____

Telephone # () _____

Please list any other information that would be useful for the school to know about your child's health eg. Frequent ear infection, nosebleed, physical limitations etc.

Parent/Guardian Signature: _____ Date: _____

PERMISSION FORM

An integral part of the Delta Family Resource Centre program is the ability to incorporate community interactions and experiences which may require travelling away from the school site. Parent/Guardian consent is required for your child to participate in any of these activities.

I _____ give permission for my child _____
(Parent/Guardian's name) (Child's name)

to participate in activities off of the school site.



DELTA FAMILY RESOURCE CENTRE RELEASE OF LIABILITY AND ASSUMPTION OF RISK

In consideration of my participation in Delta Family Resource Centre’s program, I hereby waive, release and discharge any and all claims of damages I may have, or which may hereafter accrue to me, as a result of my participation in this activity. This release is intended to discharge in advance the instructors, promoters, sponsors, organizers, project managers, of this activity and any involved public school entity (and their respective agents and employees) including but not limited to Delta Family Resource Centre, their employees, agents and directors, from and against any and all liability, which may arise out of negligence or carelessness on the parts of the persons or entities mentioned above.

_____ **Print name of Parent/Guardian**

_____ **Signature**

_____ **Date**

I understand that I may be photographed videotaped, and Delta Family Resource Centre does have my permission to use the photographs, videotapes, and/or audiotapes for the purpose of promoting the work and mission of our organization. I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability regarding the parties above and assumption of risk by me.

_____ **Print name of Parent/Guardian**

_____ **Signature**

_____ **Date**

Please leave a number where we can reach you at all times _____

