



2022/2023 Registration
Rec & Roll and
Boitanio Summer Daycamp

COLOR Photo
of Child

Enrolment Date

Withdrawal Date

Personal information contained on this form is required for the operation of the program and is collected under Section 26c of the Freedom of Information and Privacy Act. This information is for staff use and kept confidential.

Childs Full Name: _____ Birthdate: _____ / _____ / _____
month / dd / yy

Home Address: _____ Home #: _____

Age: _____ Gender: _____ Eye Colour: _____

Hair Colour: _____ Height: _____ Weight: _____

School: _____

Kindergarten: Registered in / Completed _____ Grade: _____

*Rec & Roll: children must be **registered in Kindergarten** to attend
Boitanio Summer Daycamp: children must have **completed Kindergarten** to attend*

Swim Level: _____ completed Non-swimmer

Immunizations up to date? Yes No Not Immunized

Allergies: _____ Care Card #: _____

Medications: _____

Current/Past Injuries/Disabilities: _____

Has your child wandered or ran away from another program? Yes No

Describe any behaviour issues your child has at school: _____

Child's Doctor: _____ Doctors Phone #: _____

Parent/ Guardian: _____ Home #: _____

Relationship to child: _____ Work #: _____ Cell #: _____

Email: _____

Parent/ Guardian: _____ Home #: _____

Relationship to child: _____ Work #: _____ Cell #: _____

Email: _____

Is there a custody agreement in place for your child? Yes No N/A

If yes, provide a copy.

Emergency Contact: Other than Parent/Guardian

Name: _____ Phone #: _____ Cell #: _____

Name: _____ Phone #: _____ Cell #: _____

Pick-Up Authorization:

Name: _____ Relationship to the child: _____
Home #: _____ Work #: _____

Name: _____ Relationship to the child: _____
Home #: _____ Work #: _____

FIELD TRIP CONSENT:

I hereby give permission for my child to participate in supervised field trips with City of Williams Lake Recreation staff. The method of transportation may include walking, city owned vehicles, charter bus, public transportation, or rental van. Activities may include swimming. Field trip information will be provided on monthly calendars.

TRANSPORTATION CONSENT:

I understand that, if needed, the personal vehicles of City of Williams Lake recreation staff may be used to transport children, to the desired location, and that my child will be safely buckled in with a seat belt and appropriate child restraint.

EMERGENCY TREATMENT CONSENT:

In case of illness or accident of my child, and I cannot be reached by phone, I authorize the City of Williams Lake recreation staff to send for or seek medical assistance. I agree that the care providers, IN AN EMERGENCY, may call upon the local hospital or ambulance. I give consent for my child to receive medical treatment in an emergency. All costs incurred are the responsibility of the parent or guardian.

I understand that I am responsible for immediately notifying the staff of changes to the above information and I agree to the Field, Transportation and Emergency consents.

Signature (no digital signature) Printed Name Date

PHOTOGRAPHY/ VIDEO WAIVER/RELEASE:

I give permission for the City of Williams Lake to take photographs and/or videos of my child for promotions and records. We use photos on social media, newspaper ads, posters and in the Leisure Guide.

Signature (no digital signature) Printed Name Date

<u>Office Use Only</u>			
	Rec and Roll	✓	
Child is registered in Kindergarten		<input type="checkbox"/>	Boitanio Summer Daycamp (yellow paper) ✓
Color Photo		<input type="checkbox"/>	Child has completed Kindergarten
Custody Agreement, <i>if applicable</i>		<input type="checkbox"/>	Color Photo
Registration form reviewed & completed		<input type="checkbox"/>	Custody Agreement, <i>if applicable</i>
Original in binder & copy to Coordinator		<input type="checkbox"/>	Registration form reviewed & completed
			Original in binder & copy to Coordinator
			*7 year olds: 2 copies to Coordinator

Boitanio Summer Daycamp 2022 Registration Request

Child's Name _____
 Guardian Name _____
 Contact Phone Number _____
 Contact Email _____

My child has completed Kindergarten
 Registration form is attached
 I have attached a coloured photo of my child
 My child will receive Affordable Child Care Benefit

*Circle ALL the days that you would like your child registered. Each child must have their own form.

*Cancellation with Refund Policy: **Weekly** registrations require 7 days' notice.

*No refunds will be given for daily cancellations

***Priority is given to weekly requests**

*Fees will be adjusted for Non-Access Pass holders.

July 2022

M	T	W	Th	F
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

August & September 2022

M	T	W	Th	F
BC Day	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31	Sept 1	Sept 2
Labour Day	Sept 6			

Credit Card # _____
 Exp Date ____/____ CVC# _____
 Use credit card on file

Daily: \$34.85/ day
 Total Number of Days _____ X \$34.85 = _____
Weekly (4 day stat week): \$136.68 / week
 Total Number of Weeks _____ X \$136.68 = _____
Weekly (5 days): \$170.85 / week
 Total Number of Weeks _____ X \$170.85 = _____
 Total Cost: _____
 _____ If weekly spaces are full, register my child in available daily spaces at the daily rate.
 Payment: **Minimum of 4 weekly registrations are eligible for postdated payments.**
 _____ Pay in Full _____ Postdated
 Payment Type:
 Cash/Debit Credit Card Cheque # _____

Office Use	Date	Time	Staff
Received	_____	_____	_____
Entered	_____	_____	_____
Guardian Contacted	_____	_____	_____

Once accepted, daily spots are **FINAL** and cannot be **REFUNDED**.

I understand that this is a registration request and does not guarantee a space in Boitanio Summer Daycamp.

Guardian Signature _____ Date _____