# SAN ROMANOWAY REVITALIZATION ASSOCIATION

# **2020 MARCH BREAK PROGRAM REGISTRATION FORM**

##### Please submit a separate registration form for each child

Please complete **all** sections

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| PART A PERSONAL DETAILS |

How many children will you be registering? \_\_\_\_\_\_\_\_\_\_­­­­\_ Reg. Date:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Sex: M \_\_\_ F\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

 Day Month Year

# **Parent/Guardian: – (Primary Contact) Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name (first): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Pager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PART B ABOUT THE MARCH BREAK PROGRAM |

The fee will be **$125.00** per child for the week.

**FULL PAYMENT MUST BE RECEIVED BY MARCH 6th, 2020**

**March Break Program will operate from March 16th until March 20th, 2020.**

**7:30 AM until 5:30 PM**

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| **PART C**  **MEDICAL INFORMATION**  |

1. Does your child have any allergies/medical conditions? Yes [] No []

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Will your child be carrying or requiring any medication to be taken/administered during the March Break Program? Yes [] No []

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does your child have any health or behavioural conditions we should know about? (For example, diabetes, heart disease, hearing difficulties, emotional/behavioural concerns, learning difficulties, etc.). Yes [] No []

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is there anything else related to camp that you’d like us to know, which will help us give your child a positive experience? Yes [] No []

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Health Card #: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ VC\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Doctor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART D EMERGENCY CONTACT** |

Emergency Contact if parents cannot be reached:

Name (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/Pager #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PART E CONSENT TO PICK-UP AND RELEASE CHILD FROM CAMP |

* For the safety of your child(ren), please include complete and correct information on person(s) authorized to pick up your child(ren).
* Please remember, appropriate individuals must be at least 16 years of age.
* Identification will be required if staff are unfamiliar with a person arriving to pick up your child(ren)
* Children will not be released from camp to anyone other than those listed below.
* Children are not permitted to leave camp on their own or with other children/siblings (under the age of 16).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to have my child picked up by any of the following individuals:

**Name Relation to Child Phone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| PART F AUTHORIZATION TO PARTICIPATE |

* I hereby give consent for my child to participate in the San Romanoway Revitalization Association March Break Program.
* In case/s of emergency for medical treatment during their participation, I hereby give permission for treatment to be administered by staff or a physician in the emergency care unit selected by the San Romanoway Revitalization Association.
* I further release the San Romanoway Revitalization Association from all claims and damages due to accident or injury, because of my child participation in the program.
* I will ensure that each day, a responsible adult will be on site. SRRA cannot be held responsible for children who come to or leave the program alone.
* Breakfast, lunch and an afternoon snack will be provided.

IMPORTANT

* Registration is not complete until full payment and a consent form is received.
* Please ensure that you receive and read our March Break Program policy and code of conduct before signing.
* PHOTO RELEASE: I authorize the San Romanoway Revitalization Association to take photos of the listed participants at their program for publicity & promotion purposes only.

Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

I have read, understood, and agree to all the conditions as stated above.

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Signature of Parent/Guardian Date

FOR OFFICE USE ONLY.

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received:

Method of Payment:

CASH [] DEBIT/CREDIT CARD []