

March Break (March 10-14) & Summer Program (July 1- Aug 15)

Registration and Health Information Form

Located: **Lucknow Central Public School**

Date of Admittance: _____

Date of Discharge: _____

School Child is registered at: _____

Days of Child Care Required. Please Specify Exact Hours of Care:

March Break Camp Days Required:

MON	TUES	WED	THURS	FRI

Summer Camp Scheduled Days Required:

MON	TUES	WED	THURS	FRI

- Please note that spaces are limited and are a first come first serve. Please book your days for the entire March break and Summer Camp to guarantee you space.

Child Information

Full Legal Name:	Preferred Name:
Date of Birth (dd/mm/yyyy):	Age and Grade (going into):
Home Address:	
Parents Email Address:	

Parent Information

Mother's Name:	Father's Name:
Cell/Primary Phone Number:	Cell/Primary Phone Number:
Place of Employment:	Place of Employment:
Work Phone Number:	Work Phone Number:
Home Address: <input type="checkbox"/> Same as Child	Home Address: <input type="checkbox"/> Same as Child

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal rights of access to your child? YES ___ NO ___

If YES, please provide a copy of the appropriate legal documentation (e.g., court order).

Name(s) of custodial parent(s): _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Unique Minds Child Care Centre Inc.

Emergency Contacts

In the event of an emergency, if a parent cannot be reached, the following individual(s) may be contacted. Please list in order of preference.

Emergency Contact #1	Emergency Contact #2	Emergency Contact #3
Full Legal Name:	Full Legal Name:	Full Legal Name:
Preferred Name:	Preferred Name:	Preferred Name:
Relationship to Child:	Relationship to Child:	Relationship to Child:
Primary Phone Number:	Primary Phone Number:	Primary Phone Number:
Workplace	Workplace	Workplace
Home Address:	Home Address:	Home Address:
<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child	<input type="checkbox"/> Authorized to pick-up child

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Unique Minds Child Care Centre Inc.

Health Information

Child's Medical Information

Last Name	First Name	Middle Name	Sex	Date of Birth
Child's Health Card #				
Name of Child Care Centre: Unique Minds Child Care Inc. - L.C.P.S. March Break/Summer Program				
Family Doctor			Doctor's Phone #	

If your child has had any history of communicable diseases: (ex: chicken pox, measles), please list them below:

Does your child have any medical need(s) that require additional support (e.g., Diabetes)?

YES___ NO___

If **YES**, an individualized plan for children with medical needs must be developed between the parent and Unique Minds Child Care Inc. prior to the child's first day of care.

Does your child require prescription medication to be taken on a regular basis? YES___ NO___

More Information:

Unique Minds Child Care Centre Inc.

Would any of the above prevent the child from engaging in normal activities? YES ___ NO ___

If yes please provide details:

Do you have any concerns about your child's:

Hearing and/or Vision?

Speech and Language Development?

Gross Motor Skills?

Overall Development?

Additional Health Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Unique Minds Child Care Centre Inc.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings, Latex)?

YES ___ NO ___

If **YES**, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and Unique Minds Child Care Inc. prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance)?

YES ___ NO ___

If **YES**, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Allergy:

Symptoms of reaction:

Treatment required:

Dietary Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES ___ NO ___

If **YES**, please provide relevant details:

Physical Requirements

Does your child require any additional support or accommodation with respect to physical activity?

YES___ NO___

If **YES**, please provide relevant details:

Social & Emotional Development

Is there anything that you can think of that would help us know and understand your child better?

Unique Minds Child Care Centre Inc.

Consents

_____ may take part in excursions off the property and to places of interest in

Child's Name

the community if these groups are adequately supervised at all times.

In case of emergency, when neither parent nor family doctor can be contacted, and emergency treatment is essential, my child may receive such treatment; and, although I understand every precaution will be taken, Unique Minds Child Care Inc./Summer Program will not be held responsible for any accident or injury that may occur on the premises.

Parent / Guardian Signature

Date

We are requesting your permission to allow your child to be photographed. Please indicate below your decision. (There is no obligation. Please do not sign if you have any reservations.)

I will allow my child to be photographed for in centre use (e.g. Documentation): YES ___ NO ___

I will allow my child to be photographed for public Social Media (e.g. Facebook Page): YES ___ NO ___

I will allow my child to be photographed for our private social media accounts (Instagram): YES ___ NO ___

I will allow my child to be photographed/videotaped for community purposes: YES ___ NO ___

Throughout the school year we are on occasion requested to have the children photographed, filmed or videotaped. (e.g. Co-op Students, Newspaper, etc) YES ___ NO ___

Parent / Guardian Signature

Date

March Break/Summer Program Fees 2024

	Kindergarten Program	School Age Program
March Break/Summer Program	\$15.59 44 months to 6 years	\$40.00 6 to 12 years
Late Pick up Fee	\$1.00/minute	\$1.00/minute

Note for the Parents:

Parents are required to supply lunch and all snacks for your child each day in attendance during the program. Remember that we are a peanut and nut free environment. Please also supply indoor shoes, a reusable water bottle each day, swim suit & flotation device if necessary on swim days, labeled sunscreen and a hat. It would be appreciated if you could also send a spare change of clothes in the event we have water play activities during the day and your child gets wet.



UMCC Swim Permission Form



Child's First and Last Name _____

Child's Birthday _____ age _____

____ This child requires a floatation device (eg. Water wings, puddle jumper, life jacket) at all times in or around the pool

____ This child requires a floatation device in the deep end of the pool only

____ This child does not require a floatation device when in or around the pool

Parent Name _____

Parent Phone number _____

Parent signature _____ Date _____

Special instructions: _____

** Families are required to provide their child/children with a flotation device if they are required to wear one. If you have indicated that your child requires one and do not provide it on that day your child will not be allowed to go swimming that day.

PLEASE COMPLETE THIS FORM
MUST BE HANDED IN COMPLETED FOR PARTICIPATION

BARB WILLITS-SEPOY SWIMMERS
R.R. #1, 37005 AMBERLEY ROAD
LUCKNOW, ONTARIO
(519)528-2742

RELEASE AND WAIVER

NAME: _____

ADDRESS: _____ PHONE NUMBER: _____

EMERGENCY CONTACT: _____

PHONE # _____

EVENT UMCC Summer Camp

IN CONSIDERATION OF BARB AND BRUCE WILLITS PERMITTING ME TO SWIM IN THEIR POOL, I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, WAIVE ANY CLAIMS TO WHICH I MAY BECOME ENTITLED FOR INJURY OR DAMAGE AND RELEASE BARB AND BRUCE WILLITS, THEIR HEIRS, EXECUTORS ADMINISTRATORS AND ASSIGNS, AND ALL ORGANIZERS, SPONSORS, REPRESENTATIVES, THEIR AGENTS AND EMPLOYEES AND ANY OTHER PERSON OR ORGANIZATION ASSISTING IN THIS EVENT FROM ANY CLAIMS FOR DAMAGES OR INJURY SUFFERED BY ME AS RESULT OF MY PARTICIPATION IN OR TRAVELING TO OR FROM THIS EVENT. I FURTHER STATE THAT I AM IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN THIS EVENT AND AM AWARE THAT PARTICIPATION COULD, IN SOME CIRCUMSTANCES, RESULT IN PHYSICAL INJURY. IT IS UNDERSTOOD THAT THERE IS A LIFEGUARD PRESENT BUT IT IS STRICTLY "SWIM AT YOUR OWN RISK". LIFEGUARD IS SUPPLIED BY THE GROUP USING THE POOL.

PARTICIPANT'S
SIGNATURE: _____ DATE _____

PARENT'S _____
SIGNATURE (IF PARTICIPANT IS UNDER 18)

LEADER'S
SIGNATURE _____
(IF PARTICIPANT IS UNDER 18)