**KOOL KIDS SUMMER REGISTRATION FORM 2011**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s or Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Child’s Alberta Health Care No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate any allergies or other medical conditions that your child may have:**

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

\*\*\*If your child requires medication, it must be given by a parent or guardian. Staff members/

Volunteers are **NOT** permitted to administer medication under any circumstances.

Is your child/children’s immunizations up to date Please circle YES NO

\*\*\* (You may be requested to present immunization records.)

What activities is your child interested in?

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

Does your child have any phobias we should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Please attach a letter of permission if your child will be picked up by others than yourself.**

Please list approved names by yourself that child/children may be released to.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I give permission for my child/children to participate in the Kool Kids Summer Program operated by the Drayton Valley Family School Liaison Program. In case of an emergency, I give my permission for the staff to administer and obtain proper medical treatment for my child.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informed Consent**

**As this program operates on funding and partnering, we like to take pictures of kids participating in activities throughout the camp. These photos will also potentially be shown to funders of the camp.**

I consent to having the registrant identified by name, photograph, audio or video should the situation arise.

Please circle Yes or No

**POTENTIAL RISKS**

I acknowledge there are risks involved in any activity such as, but not limited to; falls, bumps, and scrapes.

I acknowledge my right to obtain as much information as I require about this program.

I acknowledge that the above registrant is expected to behave in an acceptable manner, and may be asked to withdraw from the program for displaying the following behaviours:

* Physical violence or threat of violence toward another child or adult
* Profanity
* Any sexual behaviour or language
* Intimidation or bullying of other children

There will be outside activities, swimming as well as Monkey Business (Inflatable slide) to name a few activities.

Yes, I agree to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take part in the **KOOL KIDS summer** program, and have read and agree with the above information.

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

Parent/Guardian Signature Date

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

Parent/Guardian Signature Date

**Drayton Valley Family School Liaison Program**

**Summer Camp Evaluation Survey**

Parent, please answer the following questions:

1. For what reason(s) did you enroll your child in the Summer Camp?
2. Did your child enjoy the camp?
3. What did you like about the camp?
4. What would you change about the camp?
5. Were the leaders and Coordinator respectful at all times?
6. If we were to host another camp, would you enroll your child?
7. Would you recommend this camp to other people?
8. Do you have any other comments or suggestions?

**THANK YOU FOR YOUR TIME.**

**KOOL KIDS SUMMER CAMP 2011**

**9:00am – 3:00 Daily (exceptions noted below)**

Welcome to the Second Summer of **Kool Kids** summer camp being offered through the Drayton Valley Family School Liaison Program. The following is the tentative itinerary for the week of activities. The contact person for the weeks are **Juanita Graham-Smith at 780-621-3682.** If you have any questions, please do not hesitate to call me.

* The Leaders for the weeks are **Christine Clarke** , **Darlene Bowlby**, and **Keishia Smith**. Your child will be assigned a group leader for the week. This is for accountability in checking for washroom breaks, as well as guidance to activities out of the school. Due to our large numbers, there will be a rotation system with activities required and children must check in with their leaders.
* **Camp starts at 9:00 am daily, and pick up is at 3:00pm.**

**Important Notes**

* **Please send a water bottle every day!**
* **Youth MUST be signed in and out**
* **Field trip to be determined**
* **We will be walking to the pool (please pack daily)**
* **There will be daily outside activities, so please dress your child appropriately.**
* **HEALTHY snack will not be provided daily. Please pack a bag lunch (exception is Friday).**

**Monday – Welcome**

**AM –** Welcome activities/Imagination station/crafts

**PM** – Outside activities

**Tuesday – Getting to Know You**

**AM** – Activities, snacks, games.

**PM** – Lunch, Eagle Parks Blue Rapids

**Wednesday - Healthy Friendships**

**AM** – Terrific Teamwork, snacks, Connect/Games

**PM** – Lunch, Monkey Business

**Thursday – Sharing/Caring – Pajama Day**

**AM –** Crafts, activities

**PM** – Outside Activities

**Friday – Lions Park/Splash Park (To be announced as dependent on weather)**

 **Treasure hunt and wiener roast. Please sign up for snacks.**

**Thank you for being a part of our camp.**

**Please take the time to fill our evaluation.**

**Discipline Policy (Same as the After School Program)**

**The Kool Kids Summer camp strives to provide a Safe, Fun, and Nurturing environment for all participants.**

**The Three Steps are as follows:**

**First, your child will be giving a warning**

* if he or she verbalizes any profanity
* intimidation or bullying of other children
* any sexual behavior or language
* physical violence of threat toward another child or adult

**The second time**

* your child will be on a time out (age appropriate)

**The third time**

* Your child will be removed from the activity and a phone call home to parents will be made.

**\*\*\*\*\*Please note: Should your child have experienced all three steps, we will request you keep your child home for the remainder of the camp.**

**The Supervisor will be aware of all discipline issues brought forth by Leaders, and is available at all times throughout the camp.**

**Please sign below that you have read and are compliant with the discipline policy.**

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

 **Parent’s Signature Date**