**2018 Group/Camp REGISTRATION FORM**

**Please register early to ensure a space is reserved for your child.**

**Maximum group size of 8 children.**

**Today’s Date:** Click or tap to enter a date.

***In office use only -form and payment received on*:** Click or tap to enter a date.

**SESSION SELECTION**

|  |  |
| --- | --- |
| **GROUP NAME, DATE & TIME OF DAY** |  **CHECK HERE FOR YOUR CHOICE(S)** |
| **Mission ImPOSSIBLE July 10-14, 2017 A.M. (9-11:30)** |[ ]
|  |  |
|  |  |
|  |  |
| **kidsCREATE Science! July 23-27, 2017 A.M. (9-11:30)**  |[ ]
|  |  |
|  |  |

**All camps run Monday to Friday** for their 2.5 hour period & cost $350.00

**PARTICIPANT INFO**

CHILD’S NAME: Choose an item.

BIRTHDATE: Click or tap to enter a date.

AGE: Choose an item.

GENDER: [ ] Male [ ] Female

**FAMILY INFO**

PARENT /GUARDIAN NAMES: Choose an item.

HOME ADDRESS: Choose an item.

POSTAL CODE:

PHONE (home):

PHONE (cell):

E-MAIL:

**EMERGENCY INFO**

EMERGENCY CONTACT NAME & Daytime Phone: Choose an item.

Choose an item.

OHIP NUMBER: Choose an item.

DIAGNOSIS: Choose an item.

MEDICAL CONDITIONS: Choose an item.

**ALLERGIES** Does your child have any allergies? Ex. food, peanuts, drugs/medication, animals, insect stings, hay fever, etc. [ ] Yes [ ] No

 If yes, please specify what your child is allergic to, elaborate on the severity of the reaction and best methods of treatment (attach additional page if necessary).

EPIPEN? [ ]  yes [ ] no

**STRENGTHS & NEEDS**

STRENGTHS

INTERESTS

CHALLENGES

GOALS FOR CAMP

DOES YOUR CHILD REQUIRE AN EDUCATIONAL ASSISTANT TO SUCCEED AT SCHOOL / IS YOUR CHILD ON A MODIFIED DAY AT SCHOOL / DOES YOUR CHILD REQUIRE REGULAR BODY BREAKS TO SUCCEED AT SCHOOL?

**EMOTIONAL NEEDS**

DOES YOUR CHILD REQUIRE 1:1 ASSISTANCE FOR ANYTHING?

DOES YOUR CHILD HAVE BEHAVIOR OR EMOTIONAL REGULATION CHALLENGES?

**WILL YOUR CHILD NEED TO BRING A SUPPORT WORKER TO CAMP?**

WHO HAS PERMISSION TO PICK UP YOUR CHILD?

**PAYMENT**

**Full payment is due upon registration.** Payment is accepted by cheque or cash only.

Cheques should be made out to “KidsTHERAPY”& may be mailed with your complete registration information to:

KidsTHERAPY

930 Woodlawn Ave. Unit 11

Guelph, ON
N1K 1T2

Registration forms may also be e-mailed to elizabeth@kidstherapynetwork.ca

**CANCELLATION**

Camp session(s) may be cancelled at any time by kidsTHERAPY if there are not enough registrants to run the camp.

Registrants may cancel camp attendance at any time.

To be eligible for a refund minus a $50.00 administration fee, you must advise Kids THERAPY of your withdrawal

no less than 7 days prior to the start of your session.

**LATE PICK-UP**

Add $25 + HST/ occurrence

I/We agree that KidsTHERAPY, its directors, employees, agents and independent contractors shall not be liable for any injury

to my child or loss or damage to personal property arising from, or in any way resulting from participation in KidsTHERAPY Camp

activities unless such injury, loss or damage is caused by the SOLE NEGLIGENCE of Kids THERAPY or its employees or agents

while acting within the scope of their duties. I further certify that the registrant is covered by OHIP and/or private health insurance.

SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.

**SEE NEXT PAGE PLEASE**

**PLEASE RETAIN THIS PORTION FOR YOUR OWN RECORDS**

**My child is registered for (camp(s))\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Held on (dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_from these times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WHAT TO BRING TO CAMP**

* snacks – HEALTHY &**NUT-FREE ONLY**\*
* Comfortable activity clothes
* Labelled water bottle
* Any medications or necessary personal items

**WHAT NOT TO BRING TO CAMP**

* I-Pads, computers and other electronic devices are **not** permitted at camp.
* Cell phones are to be handed in at drop-off and may be used with a staff present to call parents. They will be returned at pick-up.

**LOCATION**

The camps are held at 930 Woodlawn Ave. Unit 11 (KidsTHERAPY Clinic)