

McKenzie Lake Childcare Summer Camps 2024 Registration

Child's name: _____, _____
LAST FIRST

REGISTRATION MUST BE DONE ONLINE before submitting forms.

The camps run from 9:00am-4:00pm. Pre/Post care is available for a fee. Pre/Post Care is from 7:00am-5:30pm at \$50 per week. The prices below do not include pre/post care.

I REGISTERED ONLINE FOR ADDITIONAL CHILDCARE: YES or NO

Please check the weeks you registered for online and the office staff will fill out payment method:

_____	Week 1 July 2-5 (\$180)	Adventures Unlimited	online	credit	cash	debit
_____	Week 2 July 8-12 (\$225)	Earth Week	online	credit	cash	debit
_____	Week 3 July 15-19 (\$225)	Science Week	online	credit	cash	debit
_____	Week 4 July 22-26 (\$225)	Wet N'Wild	online	credit	cash	debit
_____	Week 5 July 29-Aug 2(\$225)	Carnival Week	online	credit	cash	debit
_____	Week 6 Aug 6-9 (\$180)	Galaxy Quest	online	credit	cash	debit
_____	Week 7 Aug 12-16 (\$225)	Animal Planet	online	credit	cash	debit
_____	Week 8 Aug 19-23 (\$225)	Creative Kids	online	credit	cash	debit

If you registered but did **NOT** pay by credit card online, you will need to pay by debit, credit, or cash in the MLCA office. For all camps registered for in July, we will need payment in the office by June 1 and all camps in August need to be paid by July 3. We require 2 weeks' notice to cancel for a refund.

PERSONAL INFORMATION

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Child's Legal Name: _____, _____, _____
Last First Middle

AGE _____ Date of Birth: ____/____/____ Sex (M/F): _____
(age as of July 1, 2021) (Month/Day/Year)

Child's Address:

Street: _____

City: _____

Postal Code _____

Home Phone: _____

Parent Information: (fill out completely for each parent - do not use "same as")

Mother's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Work Address: _____ Cell Phone: _____

EMAIL ADDRESS: _____

Father's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Work Address: _____ Cell Phone: _____

EMAIL ADDRESS: _____

Emergency Contacts: (if Parents cannot be reached- should be local please)

Name:	Address: (complete)	Phone Number:	Cell:

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MEDICAL INFORMATION

Child's Name: _____ AB Health Care Number: _____

Family Doctor: _____ Phone Number: _____

Does your child have any allergies YES NO

If yes, please list allergies: _____

Is your child on any ongoing medication? YES NO

Is any medication to be administered during camp hours? YES NO

If yes, please list medication(s): _____

Does your child have any other medical conditions we should be aware of? YES NO

If yes, please list them: _____

If you answered YES to medication being administered during camp hours, please fill out the medical authorization form included in this package. One form/medication so please make copies if necessary.

My child's immunizations are up to date: YES NO

Parent's Signature

Date signed

If No checked – I am aware, as a parent, that my child while socializing with other children in the summer camp program may be exposed to childhood diseases that are covered as part of immunization program. I will not hold the MLCA summer camp program, the MLCA board, MLCA staff and parents/children liable to any sickness that my child may contract.

Is there any other information we should know about your child?

Print Parent's Name: _____

Parent's signature _____

Date: _____

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WAIVER OF LIABILITY

I _____ (parent name) hereby give consent for my child
_____ (print child's name) to participate in the McKenzie
Lake Childcare's Summer Camp program and any offsite activities.

I understand that the program's volunteers, staff, or the McKenzie Lake Community Association Board are not liable for any accident, loss, damage, injury, or ambulatory services resulting from or in conjunction with any activities my child participates in. I agree not to hold the above responsible for any incident which may occur.

AUTHORIZATION TO TAKE PICTURES

I, _____ hereby authorize the McKenzie
(print parent's name)
Lake Childcare Staff to take photos of my child during their time in the camp.

**I give permission for their photo to be possibly published in the community newsletter,
the Gazette. YES NO**

I REFUSE TO ALLOW PHOTOS TO BE TAKEN OF MY CHILD (please check box)

McKenzie Lake Childcare Parental Medical Consent Form

I, _____, give consent for McKenzie Lake Childcare staff to
provide my child, _____ with First Aid and/or call
Emergency personnel if required. I also give permission to McKenzie Lake Childcare staff to share my
child's specific information with Emergency personnel as required.

I agree with and understand the waiver of liability/picture authorization/Medical Consent form.

Parent name (please print): _____

Parent signature: _____

DATE _____

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PICK-UP AUTHORIZATION

McKenzie Lake Childcare requires a list of **all** individuals that are authorized to pick-up your child _____ after from Summer Camp.

(Child's Name)

Please include the names of **all** persons, including **PARENTS**, **emergency contacts**, **childcare providers**, **grandparents** etc. that may pick-up your child. To verify the individual's identity, photo identification may be required, prior to the MLCA staff from releasing your child from the camps.

Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone number
Name	Relation to child	Phone Number

I, _____ understand, that if for some unavoidable circumstance one of the
(print parent's name)
above mentioned individuals is not available to pick up my child, that MLCA Childcare staff will stay with my child at the Community Centre until someone arrives to pick up.

IF YOU DID NOT PAY FOR ADDITIONAL CHILDCARE: Drop off is at 9am and pick up is at 4pm. Starting 5 minutes after 4:00pm, I agree to pay \$10 and an additional \$1 for each minute that my child is in MLCA childcares staff's care until my child's departure.

IF YOU DID PAY FOR ADDITIONAL CHILDCARE: Drop off begins at 7am and pick up until 5:45pm. Starting 5 minutes after 5:45pm, I agree to pay \$10 and an additional \$1 for each minute that my child is in MLCA childcares staff's care until my child's departure.

Parent name _____ Parent Signature _____

Date _____

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McKenzie Lake Childcare OFF-Site Permission

During the summer camps, we may visit McKenzie Lake and Beach Club, McKenzie Lake School playground, areas in the community, and Fish Creek Park for park play and walks.

I, _____ hereby consent for my son/daughter _____
(print parent's name) (print child's name)

To participate in the above-mentioned activities. I understand that the program's staff, volunteers, McKenzie Lake Community Association or McKenzie Lake Resident's Association and the Board of Directors from both organizations are not liable for any accident, loss, damage, injury, or ambulatory services resulting from or in conjunction with any activities that my child participates.

I also give McKenzie Lake Childcare Staff permission to administer First Aid and/or call emergency personnel for my child as required.

I give my child permission to walk with the McKenzie Lake Childcare Staff to the McKenzie Lake Beach Club, McKenzie Lake School playground, areas around the community, and Fish Creek Park. For all other off site outing we will be taking a bus. I understand that there are risks associated with activities at the above-mentioned locations and I agree not to hold the MLCA staff, McKenzie Lake Community Association or the MLCA Board of Directors responsible for any accident, injury or loss that happens to my child during this offsite visit. I agree to provide my child with a bathing suit, towel, and shoes/sandals that can get wet. It is my responsibility to send in a labeled life jacket or water wings if I choose my child to use them.

I WILL ALLOW MY CHILD TO: (please circle)

PLAY IN THE WATER **YES** **NO**

PLAY ON THE PLAYGROUND **YES** **NO**

WALK TO FISH CREEK PARK **YES** **NO**

MY CHILD HAS (please circle): **NONE** **SOME** **PLENTY** **of swim experience.**

I understand and agree with the off-site consent:

Parent name _____ (please print) Date _____

Signature: _____

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CHILD PORTABLE RECORD

Parents please fill out this form **neatly** and accurately as this sheet will accompany staff whenever the children are off site, for example if we go outside.

Child's Name (last, first) _____,

Full address- _____

Home phone number- _____ Date of Birth- _____

Please state medical/allergy information:

AB Health #- _____ Dr's name _____ Dr's phone # _____

Immunization current and up to date: yes or no

Mom's Name _____

Full address- _____

Home phone- _____ Work phone- _____ Cell phone- _____

Dad's Name- _____

Full address- _____

Home phone- _____ Work phone- _____ Cell phone- _____

EMERGENCY CONTACT

Name- _____

Full address- _____

Home phone- _____ Work phone- _____ Cell phone- _____

Please attach a CURRENT CLOSE UP FACE PICTURE of your child in the space below. This picture can be a photocopy.

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PLEASE ONLY COMPLETE AND RETURN THIS PAGE IF NECESSARY. Make additional copies if child requires more than one medication. One medication only per sheet please.

Please Note: This form is to be used and filled out by the child's parent or legal guardian when the child has medication onsite for emergency use, or circumstantial use. This form must be fully completed by the parent or legal guardian with all information matching that of the medication onsite. Medication must NOT be expired, needs to be in original packaging and directions for administration and dose following label.

PLEASE READ CAREFULLY.

Child's Name: _____

Medication Name: _____

Reason for Medication:

Dosage: _____

When to administer: _____

Expiry date: _____

Details of medication administration, please explain in detail what symptoms your child will exhibit and at what point EXACTLY you want staff to administer medication.

Special Instructions:

I give the staff at McKenzie Lake Community Association permission to administer my child's medication and it will be my responsibility to ensure the medication is in its original packaging and not expired.

Parents Name: _____

Parents Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____