



SUMMER CAMP 2021

- Rolph Road Daycare is offering a summer camp program at Rolph Rd School, 31 Rolph Rd, Toronto.
- Whether it is for one week or the whole of the summer, our camps are the ideal solution for children aged 3.8 – 12 years of age who require supervised activities when the school year ends. The camps are well planned, thoughtful and fun from beginning to end.
- The centre operates from 8:00 AM – 5:00 PM, with camp programs running from 9:00 – 4:00
- Hot lunch and two snacks are served during the day providing a well-balanced nutritional menu.
- All camps have indoor facilities for Smog alert /rainy days.
- Groups are kept small to ensure individual attention and safety.
- RECE's with help from assistant daycare staff, provide stimulating programs in a caring environment.
- All children will be in small groups, staying in the same cohorts during their weeks at camp.
- Children will be screened upon arrival each day. Masks are to be worn by staff and children.

ACTIVITIES

- Creative activities, which includes Tye-dying T-shirts, baking, clay modeling, beading.
- Sports activities.
- Themed program weeks i.e. Superheros, Master Chef, CSI week, Multicultural week.

Due to COVID-19, certain activities will not be available, as soon as it is safe to do so, we will arrange for additional activities to be added to the program. These **MAY** include waterplay, neighbourhood trips, on-site specialist activities.

Rolph Road/ Leaside Daycare Centres

SUMMER CAMP 2021 HOW TO REGISTER

FILLING IN THE REGISTRATION FORMS

1. Read the camp outlines.
2. Choose the weeks you want your child(ren) to attend.
3. **For week 9, children must have attended at least one other week of camp and are registered to attend daycare at either our Rolph Road site or St. Anselm site to be able to register for this week.**
4. Fill out a registration form for each child. If you need more than one registration form, make photocopies or call 416-487-5862.
5. Fees are \$400.00 per week, except the week of August 2nd, which is \$340.00.

PAYMENT

Each registration form must be accompanied by payment in full.

- a. By cash or cheque. First week of camp must be paid at time of registration, which is non-refundable. Then a cheque, post- dated for June 15th for the balance of remaining weeks.
- b. For families who belong to Rolph Rd/Leaside Daycare centres and pay by EFT are able to continue to do so for the camps. Please indicate on form that you want payment to be made by EFT
- c. Any families who have subsidy with Toronto Children's services pay their daily rate for the camps. If you are transferring in for the summer, please contact your intake worker and ask to be transferred to Rolph Rd Daycare summer camp. Please indicate on the form if you have subsidy.

REFUND POLICY

Refunds must be requested in writing and received at the office no later than June 11th 2021.
We will not be able to refund any money on canceled weeks after this date.

Enclose Registration form with payment and mail to:

Rolph Road Daycare Summer Camp 2021
206 Laird Drive, Suite 100
Toronto, Ont, M4G 3W4

Registration must be received by May 28th 2021. For more information please call Janet Moreau at 416-487-5862 or email at info@leasidedaycare.com

**PLEASE NOTE THAT THE CAMP AND ROLPH ROAD DAYCARE WILL BE CLOSED MONDAY
AUGUST 2nd**

Child's name _____, Grade (as of June 30) _____

Please indicate by week number which week(s) the camper will attend

Week Number	From Day	To Day	Amount	Balance
1	July 5 th	July 9 th	\$400.00	
2	July 12 th	July 16 th	\$400.00	
3	July 19 th	July 23 rd	\$400.00	
4	July 26 th	July 30 th	\$400.00	
Number of Weeks booked			Total Monthly Cost	
5	August 2 nd	August 6 th	\$340.00	
7	August 9 th	August 13 th	\$400.00	
8	August 16 th	August 20 th	\$400.00	
9	August 23 rd	August 27 th	\$400.00	
10	August 30 th	September 3 rd	\$400.00	For Rolph/St. Anselm daycare families only
Number of Weeks booked			Total Monthly Cost	

Medical Emergency

In case of a medical emergency when we are not immediately available for consultation or the daycare is unable to contact parent/guardian, I hereby authorize the physician selected by the Executive Director to hospitalize and treat the camper as named below

Child's Name _____

Parent Name _____ Parent Signature _____

Date _____

Rolph Road Summer Camp Registration/Medical Form

Please fill out one form per person and return with week selection and payment.

Camper Information

Last Name: _____ First Name: _____ Name Goes by _____

Birthdate: (dd/mm/yyyy) _____ Camper's age on July 1st 2021 _____ Gender M / F

Home Address: _____

City/ Town: _____ Province: _____ Postal Code: _____

Home Phone # _____ Email Address _____

Parents /Guardians & Emergency Contacts (print clearly)

Legal Custody: **Who has Custody and is Legally Responsible** for this camper (be sure to include their contact information below)

☐ Both Parents (Live together) ☐ Joint Custody (Live apart) ☐ Mother ☐ Father ☐ Grandparents ☐ Guardians ☐ Other

List in order who should be contacted in case of emergency- be sure to include parents/guardians

1 st Contact	2 nd Contact	3 rd Contact
Name _____	Name _____	Name _____
Relationship: _____	Relationship: _____	Relationship _____
Home Phone _____	Home _____	Home Phone _____
Work _____	Phone _____	Work Phone _____
Phone _____	Work Phone _____	Cell Phone _____
Cell Phone _____	Cell _____	Cell Phone _____
Home _____	Phone _____	Home Address _____
Address _____	Home Address _____	_____
_____	_____	_____
Work Address _____	Work Address _____	Work Address _____
_____	_____	_____
_____	_____	_____

Camper's Health Card # _____ Expiry Date _____

Family Doctor _____ Phone _____

Address _____

Allergies: Does your child have any allergies. Be specific, attach separate sheet if necessary.

Indicate Type: Drug, Food, Environmental, Insects, Other	Allergen (please be specific)	Type & Severity Of Reaction (indicate if life-threatening)	Management/ Treatment/Medication	Date of Last Reaction

Epi-Pen: Does your child require an EpiPen? ☐ No ☐ Yes. If yes please provide details about your child's anaphylaxis, including the date and description of any reaction. **ANAPHYLAXIS EMERGENCY PLAN FORM** on file will be posted at camp.

If your child is required to carry an EpiPen (i.e. bee/wasp allergy), please provide two (2) non-expired EpiPens on the first day of camp.

Dietary Restrictions ☐ Vegetarian ☐ Vegan ☐ Lactose Intolerant ☐ Gluten Free ☐ Other _____

Asthma/Inhaler: Does your child have asthma ☐ No ☐ Yes. If yes, indicate severity ☐ Mild ☐ Moderate ☐ Severe ☐ Made worse by activity. What are the triggers for these attacks? _____

Medication At Camp:

If your child is taking a prescription medication, it **MUST** be brought into the camp in its original package, labeled with Doctor's name, child's name, dosage, schedule and date. Over the counter medication can only be given when accompanied with a doctor's note. Please fill in medication sign-in sheet each day your child needs medication.

Health History

Has your child experienced or is currently experiencing any of the following conditions

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Athlete's foot <input type="checkbox"/> Back/Neck Pain or Injury <input type="checkbox"/> Behavioural Issues <input type="checkbox"/> Blackouts/Fainting <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Chest Pain <input type="checkbox"/> Chrons/Colitis/IBS <input type="checkbox"/> Concussion <input type="checkbox"/> Constipation / Diarrhea <input type="checkbox"/> Dental Braces/Caps/Bridges <input type="checkbox"/> Developmental Delays	<input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infections /Hearing Problems <input type="checkbox"/> Epilepsy/ Seizures <input type="checkbox"/> Fetal Alcohol Syndrome <input type="checkbox"/> Headaches/ Migraines <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hernia <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Sinus Infections	<input type="checkbox"/> Skin Problems <input type="checkbox"/> Speech Problems <input type="checkbox"/> Stomach Aches <input type="checkbox"/> Sprains, Strains or Fractures <input type="checkbox"/> Visual Problems/Wear Glasses <input type="checkbox"/> Other. Please Explain _____ _____ _____ _____ _____
--	--	--

Additional Information: Please list any other medical information the camp should know about your child.

Who can this child be released to (other than Parent/Guardian)

1)Name: Relationship:

Phone

2)Name: Relationship:

Phone

3)Name Relationship:

Phone

Child's Name

Signature

Date