

**2026**

## **Rolph Road/Leaside Daycare Centres Summer Camp**

- Rolph Road Daycare is offering a summer camp program at its school age site located 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 from JK to grade 4 who require supervised activities when the school year ends. The camps are well planned, thoughtful and fun from beginning to end.
- Open from 7:30 – 6:00 Monday to Friday
- Two snacks and lunch provided by the Daycare

### **WEEKLY ACTIVITIES**

- Swimming/splash
- Gym with Julie
- Karate
- Music with Charlie
- Local trips
- Bus trips
- Cooking

### **WHAT TO BRING WITH YOUR CHILD EACH DAY**

- Water Bottle
- Sunblock
- Hat
- Swimsuit/towel
- Change of clothes
- Water shoes

Tel: 416 487 5862 - Fax: 416 421 6170 - Email : [info@leasidedaycare.com](mailto:info@leasidedaycare.com)  
206 Laird Drive Suite 100, Toronto, Ontario M4G 3W4

## HOW TO REGISTER

### FILLING IN THE REGISTRATION FORMS



1. Choose the weeks you want your child(ren) to attend.
2. Fill out a registration form for each child. If you need more than one registration form, make photocopies or call 416-421-3862.
3. Fees are \$110.00 for children under six years of age and \$500.00 for children six and over per week, except the weeks of June 29<sup>th</sup> and August 3<sup>rd</sup>.
- 4. Families wishing to book the last two weeks of August must have attended the camp for at least two other weeks during the summer. These weeks are only available to children attending Rolph Rd/Leaside Daycare during the school year.**
5. Priority is given to children enrolled in Rolph Rd/Leaside Daycare if camp forms are returned no later than March 6<sup>th</sup>. After this date families of children not attending the Daycare may register.

### PAYMENT

Each registration form must be accompanied by payment in full.

- a. By E-Transfer or cheque. First week of camp must be paid at time of registration, which is non-refundable. Then e-transfer or cheque, post-dated for May 15<sup>th</sup> for the balance of remaining weeks.

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- b. For families who belong to Rolph Rd/Leaside Daycare Centres, payment will continue to be processed on the 1<sup>st</sup> of the month, 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 May 1<sup>st</sup>, 2026.**

We will not be able to refund any money on canceled weeks after this date.

Enclose Registration form and payment and mail to:

Rolph Road Daycare Summer Camp 2025  
206 Laird Drive, Suite 100  
Toronto, Ont, M4G 3W4

For more information, please call Mashal Khan at 416-421-3862 or email at [info@leasidedaycare.com](mailto:info@leasidedaycare.com)

**PLEASE NOTE THAT THE CAMP AND ROLPH ROAD DAYCARE WILL BE CLOSED ON WEDNESDAY JULY 1<sup>ST</sup> AND MONDAY AUGUST 3<sup>RD</sup>.**

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

Week Number	From Day	To Day	Amount	Balance
1	June 29 <sup>th</sup>	July 3 <sup>rd</sup>	\$88.00 \$400.00	
2	July 6 <sup>th</sup>	July 10 <sup>th</sup>	\$110.00 \$500.00	
3	July 13 <sup>th</sup>	July 17 <sup>th</sup>	\$110.00 \$500.00	
4	July 20 <sup>th</sup>	July 24 <sup>h</sup>	\$110.00 \$500.00	
5	July 27 <sup>th</sup>	July 31 <sup>st</sup>	\$110.00 \$500.00	
6.	August 3 <sup>rd</sup>	August 7 <sup>th</sup>	\$88.00 \$400.00	
7	August 10 <sup>th</sup>	August 14 <sup>th</sup>	\$110.00 \$500.00	
8	August 17 <sup>th</sup>	August 21 <sup>st</sup>	\$110.00 \$500.00	
9	August 24 <sup>th</sup>	August 28 <sup>th</sup>	\$110.00 \$500.00	
10	August 31 <sup>st</sup>	September 4 <sup>th</sup>	\$110.00 \$500.00	
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 1<sup>st</sup> 2026, \_\_\_\_\_ 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 <sup>st</sup> Contact	2 <sup>nd</sup> Contact	3 <sup>rd</sup> Contact
Name _____	Name _____	Name _____
Relationship: _____	Relationship: _____	Relationship _____
Home Phone _____	Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Home Address _____	Home 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 _____ _____ _____ _____
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**Additional Information:** Please list any other medical information the camp should know about your child.

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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 \_\_\_\_\_