

2023 NFN Summer Day Camp Registration

Date and Time Received: _____

Please ensure both sides are completely filled out and all boxes are checked.

All forms are due by **Monday June 26, 2023** by **4:30 pm**

Program Contact: Jessica Commanda @ 705-753-2050 Email: jessicac@nfn.ca

Child's Personal Information

First Name: _____ Last Name: _____ Status Card #: _____

Address: _____

Birthdate: _____ Age: _____ Gender: (circle) Male Female

Parent/Guardian(s) Name(s): _____

Contact Numbers: Home # _____ Work # _____ Cell# _____

Alternate Emergency Contact #1:

Name: _____ Phone #: _____ Work # _____ Cell # _____

Alternate Emergency Contact #2

Name: _____ Phone #: _____ Work # _____ Cell # _____

Will your child/ren be going home for lunch? Yes No

Will your child be staying for lunch? Yes No (children must provide their own lunch)

Will your child/ren be picked up after program? Yes No

or is he/she allowed to walk home? _____

Who has permission to pick up your child? Name: _____ Contact # _____

Please indicate which three weeks you are looking to sign up for by placing a number 1, 2 and 3 in the space provided. Please do not choose more than 3 weeks. We will be in touch if your weeks are filled or no longer available.

___ Week #1 July 10 – 14 (GV)

___ Week #3 July 24 – 28 (GV)

___ Week #5 August 8 – 11 (D)

___ Week #2 July 17 – 21 (GV)

___ Week #4 July 31 – August 4 (D)

___ Week #6 August 14 – 18 (D)

Health Information

Health Card Number: _____ - _____ - _____ - _____

Has your child ever experienced, been diagnosed with, or visited a medical professional for any of the following reasons:

Asthma Yes No Puffers Yes No

Epilepsy Yes No

Other Seizure disorder Yes No

If yes, please explain:

Allergies Yes No

If yes, please explain:

EpiPen® Yes No

Puffers Yes No

If yes, where is the EpiPen® stored/carried? _____

Will the child be bringing medication(s) to the Summer Day Camp? Yes No

If yes, name of the medication(s): _____

Who administers the medication (child/self or adult in program)? _____

Is there any other additional information you feel we should know about your child? _____

Recognizing Each Child's Uniqueness

When working with children who have special needs, staff realize that each child and each need is unique. A child with visual impairments has different needs than a child with behavioural challenges. This information will inform us of the needs of the child. We may reach out with additional questions on to aid in accommodating your child.

Does your child receive any additional help during the school year for any of the following?

ADD/ADHD

Autism

Anxiety

ODD (Oppositional defiant disorder)

CD (Conduct Disorder)

Other, please explain: _____

Does your child require support for special education needs, please explain: _____

Privacy of Personal Information collected in the 2023 Registration.

The personal information provided to us by you will be treated with a high level of confidentiality.

RISK WAIVER/AUTHORIZATION

While I agree to instruct my child to follow the safety instructions of Nipissing First Nation Summer Day Camp Program, I recognize and acknowledge that there is still a risk of injury.

I hereby give my consent to the following (Please check each box):

For my child to participate in the NFN Summer Day Camp activities

For my child to receive emergency medical care which may become necessary in the course of such activities

To waive, release and discharge Nipissing First Nation, its agents and employees from all liability, demands, claims, actions, damages, and expenses arising out of or in connection with my child's participation in the Summer Day Camp Program, I hereby agree to hold harmless and indemnity, its agents and employees from any and all liability to any individual, including my child.

Further, I ask that Nipissing First Nation Summer Day Camp Program administer medication that I have provided for my child. I accept these risks and agree that the above statement concerning waiver and release apply to the administration of medication to my child. A copy of the prescription must be provided for instructions.

I hereby acknowledge that my child(s) photographs maybe used to update the community in the Nipissing First Nation Newsletter it may also be used on Social Media such as NFN Facebook, Twitter etc.

Signature: _____ Date: _____

Witness: _____ Date: _____