

*MRS. PARK'S SUMMMER FUN CAMP*  
*A division of Mrs. Park's Summer Fun Camp Inc.*

JULY 2010  
APPLICATION FORM (please fill out one for each child)

Date \_\_\_\_\_  
Child's Name \_\_\_\_\_  
DOB (d/m/y) \_\_\_\_\_ Age at start of camp \_\_\_\_\_  
Entering grade \_\_\_\_\_ in September  
Parent(s) or Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
E-Mail \_\_\_\_\_

Post-dated (May 15<sup>th</sup>, 2010) cheque made payable to Mrs. Park's Summer Fun Camp Inc. must accompany application form.

Please indicate which session you are applying for:

- July 5 - 9           \$300
  - July 12 - 16       \$300
  - July 19 - 23       \$300
  - July 26 - 30       \$300
- Fee Enclosed

*HAVE FUN IN THE SUN IN THE CITY*

Located in St. Cuthbert's Church \* 1399 Bayview Avenue  
Health, medical release, emergency contacts and authorized child pick up  
forms are available on the internet [www.mrs-parksschool.com](http://www.mrs-parksschool.com)

Direct any questions to Mary Dwan King-Mrs. Park's School  
416-424-2135

Please return form to:

Mrs. Park's School

143 Hanna Road, Toronto, Ontario M4G 3N6

Or drop off at Mrs. Park's School Leaside United Church, 822 Millwood Rd.

THANK YOU

**MRS. PARK'S SUMMER FUN CAMP INC. - JULY CAMP**

Dear Parent(s), Guardians, Campers:

Welcome to Mrs. Park's Summer Fun Camp. We have a great month lined up and are very happy you will be joining us.

As always, our first concern is for your safety so here are a few reminders that will help us out:

- \* Please wear shoes that you can run and have fun in - **NO SANDALS or FLIP FLOPS**
- \* Remember your hat – you need one to play outdoors.
- \* Sunscreen! Please put some on before you leave in the morning and bring a bottle with your name on it so we can reapply it during the day.
- \* Bugs! If you put on bug-junk, please do so at home. We are in the same environment as your backyard, daytime hours, so whatever you do, please continue to do so.
- \* Extra change of clothing in a labelled bag to leave for the week.
- \* Please bring a peanut free lunch. (We have a peanut safe environment therefore **no peanut products are permitted at camp** – peanut butter, nuts, etc.).
- \* A morning and afternoon healthy snack is provided.
- \* Bring a water bottle (labelled with your child's name). We will have a water cooler to refill water bottles.
- \* Great T-shirts and bags will be available for sale at the camp.
- \* Please bring a large gift bag with you to take home all of the wonderful things you will make.

**Citizenship!** This is something that we will talk about each day and can be reinforced at home. Tell your parents what you know about being a good citizen and friend.

To contact our staff or myself during the camp day, please call (416) 426-3222 and leave your phone number. I will give you a call back. After hours call (416) 424-2135 and leave a message.

Finally, remember our cheer!

At Mrs. Park's we've got the spark  
And the spirit – so come on let's hear it  
At Mrs. Park's Oh Yeah Oh Yeah  
At Mrs. Park's Oh Yeah Oh Yeah  
\*\*\*\*\*

We've got spirit\*\*Deep down inside  
So bring it out\*\*don't let it hide

Thank you – Mary Dwan King and Camp Staff

**MRS. PARK'S SUMMER FUN CAMP INC. - July & March Break Camp  
Medical Release and Emergency Contact Form**

Please sign your children in with their staff between **8:45 and 9:00 a.m.**  
(However, on the first day of each session please arrive at 8:30.) Children are to be picked up at **2:00 p.m.** in their group room.

Camper: \_\_\_\_\_ DOB (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y) \_\_\_\_\_  
Address: \_\_\_\_\_  
e-mail address: \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_  
Bus phone \_\_\_\_\_ Bus phone \_\_\_\_\_  
Cell # \_\_\_\_\_ Cell # \_\_\_\_\_  
Home # \_\_\_\_\_ Home # \_\_\_\_\_

**Emergency Contacts**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. during camp \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. during camp \_\_\_\_\_

Child's Ontario Health Card Number \_\_\_\_\_

Family Doctor's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Are there any problems we should be aware of that would interfere with your child's participation in

the camp program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please

describe: \_\_\_\_\_

Does your child have any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please

describe: \_\_\_\_\_

If your child requires the use of any medication i.e. an epipen or inhaler, please have your Family Doctor write a note to describe when and how to administer these should the need arise at the camp

- this must be on file with us for child to attend.

**We will only dismiss children to person(s) you have indicated below.**

Escort & Authorized Pick-up person:

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_

I agree to my child participating in all activities at Mrs. Park's Nursery School Inc., Mrs. Park's School Too Inc., and/or Mrs. Park's Summer Fun Camp Inc. I authorize Mrs. Park's Nursery School and/or Mrs. Parks School Too Inc. to arrange first aid/CPR/medical attention for my child in circumstances staff consider an emergency. I waive all claims against Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc. and staff, assistants, authorized contractors, volunteers and guests arising from my child's attendance at Mrs. Park's Nursery School Inc. and/or Mrs. Park's School Too Inc.

Signed: \_\_\_\_\_

Relationship: \_\_\_\_\_

Dated: \_\_\_\_\_

## **Child's Immunization Information New Registrant to Licensed Child Care Programs Instructions for Parents/Guardians**

Please help us keep children in licensed child care programs healthy by making sure your child is properly immunized. You are required to provide an up-to-date record of your child's immunization to Toronto Public Health.

Children enrolled in licensed child care centres are required by law to be immunized against **Pertussis (Whooping Cough), Diphtheria, Tetanus (Lockjaw), Polio, Measles, Mumps, Rubella (German Measles), and Haemophilus influenza type b**, unless exempted by the Medical Officer of Health.

A parent or guardian of a child registering in a licensed child care program must provide one of the following:

An up-to-date record of their child's immunization.

*OR*

A completed medical exemption form, which clearly states the medical reasons why the child cannot be immunized. This form is to be completed by a qualified medical practitioner.  
This form is available from Toronto Public Health.

*OR*

If immunization conflicts with a parent/guardian's religious or conscience beliefs a notarized form must be completed. This form is available from Toronto Public Health.

Toronto Public Health will notify you if your child's immunization is not up to date. If an outbreak occurs, any child who is not adequately immunized may be kept out of the child care facility until the child receives the required vaccine or until all danger of illness has passed.

### **Instructions**

1. Complete the reverse side of this form and return it to the child care facility.
2. Fill in the dates of each needle (including the year, month and day), or attach a clear photocopy of the child's immunization record. Complete both sides of the record.
3. If you do not have an immunization record for your child, take this form to your doctor.
4. When your child receives another needle give a copy of this information to the child care facility.
5. If you do not have an Ontario Health Card call the Immunization Infoline at 416-392-1250. We will tell you how your child can obtain the necessary needles.

**Call the Toronto Public Health Immunization Infoline at 416-392-1250  
to ask any questions about immunization.**



East York Civic Centre  
850 Coxwell Avenue  
Toronto, Ontario M4C 5R1  
Tel: 416-392-1250  
Fax: 416-338-2487

# Request for Immunization Information for Registrants to Licensed Child Care Programs

To Parent / Guardian:

Please complete the information section below or attach a copy of your child's immunization record. The immunization record is available from your doctor. Return this form to the child care facility within two weeks. Detailed instructions are on the back of this form. If you require further information, call the Toronto Public Health Immunization Infoline at 416-392-1250.

Child's Name \_\_\_\_\_  
SURNAME GIVEN NAME

Address \_\_\_\_\_  
NUMBER STREET NAME UNIT # CITY POSTAL CODE

Date of Birth \_\_\_\_\_ Sex  M  F (CHECK ONE)  
YEAR MONTH DAY

Parent / Guardian Name \_\_\_\_\_  
SURNAME GIVEN NAME

Telephone Number \_\_\_\_\_ Child Care Facility \_\_\_\_\_  
HOME BUSINESS

ENTER CHILD'S ONTARIO HEALTH CARD NUMBER HERE 

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PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD OR COMPLETE THE SECTION BELOW.

Date (year/month/day)	Pertussis (Whooping Cough)	Diphtheria	Tetanus (Lockjaw)	Polio*	Measles	Mumps	Rubella (German Measles)	Haemophilus B (HIB)	Hepatitis B**	TB Skin Test Results**	BCG**	Varicella (Chicken Pox)**	Comments, other immunizations or tests

\* NOTE: If oral polio vaccine was given, indicate with an "O"      \*\* Not Mandatory

The personal information on this form is collected under the City of Toronto Act, 1997 (No.'s 1 & 2, s. 46), By-law No. 110-1998, the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s. 4, 5, and the Day Nurseries Act, R.R.O. 1990, Reg. 262, s. 62. This information is collected for the purpose of maintaining an immunization record of students attending Licensed Child Care Programs and to take appropriate action to prevent certain vaccine preventable diseases. If you have any questions about this collection please contact: Call Centre Supervisor, Toronto Public Health, 416-392-1250.