



APPLICATION FORM  
MRS. PARK'S SUMMER FUN  
CAMP INC. MARCH BREAK

( held in our Leaside United Location)

Date \_\_\_\_\_

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

DOB (d/m/y) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (C) \_\_\_\_\_

(W) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent(s) or Guardian \_\_\_\_\_

Children can be enrolled in two day groupings or for all 4 days.

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

Please indicate which session you are applying for:

Monday to Thursday	Fee	\$260.00	
Mon/Tues		\$130.00	
Tues/Wed		\$130.00	
Wed/Thurs		\$130.00	Fee enclosed

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) in **DOWNLOAD FORMS**

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

416-424-2135

[mrs-parksschool@sympatico.ca](mailto:mrs-parksschool@sympatico.ca)

[www.mrs-parksschool.com](http://www.mrs-parksschool.com)

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 Road

**Thank you**

**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. Park's 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.**

