



TWEENS AND TEENS REGISTRATION FORM

Participant's name: _____

Date of Birth: (d)(m)(y) _____

Attends: _____ school entering grade _____

Home address _____

Postal code: _____

Parents

Mother: _____ Father: _____

Address if different from
above: _____

Phone numbers:

Home: _____ Work: _____

Cell: _____

E-Mail address: _____

A non-refundable May 15th, post-dated cheque must accompany the
registration form

Enclosed

Registration form can be mailed to:

Mrs. Park's School, 143 Hanna Rd.,

Toronto, Ontario M4G 3N6 or dropped off at:

Leaside United Church location: 822 Millwood Road

Or

St. Cuthbert's Church location : 1399 Bayview Avenue.

You will receive a confirmation of your registration along with a welcome
letter which will include what your child should bring to the program.

If you have any questions, please do not hesitate to contact:

Mary Dwan-King, 416-424-2135

**MRS. PARK'S SUMMER FUN CAMP INC. – Tweens & Teens 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.**

