



Boys & Girls Club  
of Saint John  
A good place to be

## Summer Day Camp 2018 Child Profile/Registration Form Ages 5-12 years\*

Before your child is registered the Boys and Girls Club of Saint John must receive all pages filled out in full and signed consent forms. Please use one form for each child.

\* Children 5 years of age **MUST** be attending school in the fall.

### Personal Information:

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age as of June 25, 2018	
Mailing Address:		City:	Province:	Postal Code:	
Medicare #:	Expiry Date:	Date of Birth:		Home Phone #: ( )	
Parent/Guardian's Name:			Parent/Guardian's Name:		
Occupation:	Work Phone#:	Occupation:	Work Phone#:		
Cell Phone/Pager:			Cell Phone/Pager:		
Email Address:			Email Address:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		With whom has the child lived for the most of the past year? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____			
Siblings: Name _____ Age _____  Name _____ Age _____  Name _____ Age _____		Other people living in the home:  Name: _____ Relationship _____  Name: _____ Relationship _____			
What languages are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____					
Emergency Contact: (different from parent/guardian)  Name: _____ Relationship: _____ Home #: _____ Work #: _____			Emergency Contact: (different from parent/guardian)  Name: _____ Relationship: _____ Home #: _____ Work #: _____		
Who has permission to pick up your child from the program? _____ _____ _____			Is there anyone who does <b>not</b> have permission to pick up your child from the program? _____ _____ _____		
Did your child attend the Afterschool Program this year? _____					

---

**Medical Information:**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I object to the administration of vaccines to my child/ have failed to provide a copy of my child's Immunization Record. I will not hold the childcare responsible if my child contracts an immunization related illness. I understand that my child will be excluded from the program in the event of an outbreak of one of the infectious diseases.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please indicate if your child has had any of the following: Please indicate if your child has any of the following:

<b>Medical History:</b>	<b>Yes</b>	<b>No</b>	<b>Health Status:</b>	<b>Yes</b>	<b>No</b>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Autism/Aspergers	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping Cough)	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please note any medications that your child is taking or has taken in the last 6 months. (include any behaviour modification medications i.e. Ritalin)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any situations where emergency treatment and/or medication(s) may be required by your child (ie. EpiPen, Benadryl)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: Please list any medication, food or other allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Child Development:**

Have you suspected your child has vision problems? Yes  No   
Has your child had frequent ear infections? Yes  No   
Have you ever suspected that your child has hearing problems? Yes  No

*If yes please explain:*

---

Has your child ever had trouble walking, climbing, reaching, holding onto things? Yes  No

Has your child ever had any significant injuries for which he/she was hospitalized? Yes  No

*If yes please explain:*

---

What are your child's interests?

---

Does your child need assistance with self-help skills?

---

Please describe your child's personality:

---

Describe how your child interacts with peers:

---

Describe how your child interacts with adults:

---

Are there any activities in which your child cannot participate?

---

\*\* Please include any information that you feel is important for us to be aware of in order for us to help your child make the most of his/her experience. If there is any information of a confidential nature or your child has any special needs, please indicate in a separate letter to the Program Director marked "Personal".

---

Will you require Day Camp transportation service? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE BOYS AND GIRLS CLUB OF SAINT JOHN, INC.**  
**WAIVER OF LIABILITY – DAY CAMP TRANSPORTATION SERVICE\***

*\*Day Camp Transportation Service – Daily pick up between 8:30am – 9am and drop off between 4pm – 4:30pm.*

In consideration of acceptance of this application in the Boys and Girls Club of Saint John, Inc. Summer Day Camp 2018, I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_ (Name of Child), our heirs, executors, administrators, successors and assigns waive and release any and all rights and claims for damages we have or may have against the Boys and Girls Club of Saint John, Inc., volunteers, directors, agents or their representatives, successors and assigns for any and all injuries, accidents, mishaps or illnesses which may directly or indirectly result from any participation in the Summer Day Camp offered by the said Club, and the activities associated with those programs as determined in the sole discretion of the Club.

We acknowledge and understand the Boys and Girls Club of Saint John, Inc. shall not be responsible for our child before 8:30am and after 4:30pm Monday to Friday when requiring day camp transportation service, unless \_\_\_\_\_ is being transported by authorized representatives of the Club, in which case the Club shall not be responsible before and after his/her pickup time. We, the undersigned, have read this waiver and understand the terms and we acknowledge and agree to the terms stated therein.

**I, the undersigned, the parent/legal guardian, have read this waiver and understand the terms and I acknowledge and agree to the terms stated therein.**

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

\*\*\*\*\*

**ATTENTION:**

*Please do not check off a week if your camper does **not** plan on attending. The amount of each camp registration will be automatically withdrawn from your bank account before the start of each camp. You must give 2 weeks written notice to avoid charges to your account. Email your written notice to Finance Manager, [Doreen.robichaud@sjclub.ca](mailto:Doreen.robichaud@sjclub.ca)  
 Thank you!*

**Please check which weeks you would like to register your child:**

<b>Dates</b>	<b>√</b>	<b>Themed Weeks</b>
<i>June 25-29</i>		<i>Adventure Land!</i>
<i>July 2-6</i>		<i>Summer Olympics</i>
<i>July 9-13</i>		<i>Buskers Bonanza</i>
<i>July 16-20</i>		<i>Club Carnivale</i>
<i>July 23-27</i>		<i>The Great Outdoors</i>
<i>July 30 - Aug 3</i>		<i>Wild Things!</i>
<i>Aug 6-10</i>		<i>Splish Splash</i>
<i>Aug 13-17</i>		<i>Secret Agents</i>
<i>Aug 20-24</i>		<i>Super Stars</i>
<i>Aug 27-31</i>		<i>Club Spirit</i>