



Summer Day Camp 2008 REGISTRATION FORM

Name of Parent/Guardian: _____

家長姓名

Surname (姓名)

Given Name (名)

Address: _____

地址

Email: _____

電郵

Postal Code: _____

郵區

Telephone #: Home: _____

家中電話

City: _____

市

Province: _____

省

Business: _____

辦公室電話

Your child(ren) to be registered:

Name 兒童姓名	Age 年齡	Date of Birth 出生日期	Sex 性別	Health Card (OHIP) # 健康咭號碼	Membership # & Expiry Date 會員証號碼/有效日期

如貴子女有健康問題(如敏感等),請列明:

Does your child have any medical problems (including allergies) of which we should be aware?

如貴子女有特別行爲問題或需要特別照顧,請列明:

Does your child have any behavioural issues/special needs of which we should be aware?

如貴子女需要服食藥物,請列明藥物,服食份量及時間:

Is your child taking any medication? If so, when and how much does he/she take?

醫生姓名

Doctor's Name: _____

電話

Phone: _____

Emergency Contact: 緊急時通知:

Name: _____

姓名

Relationship: _____

關係

Home Phone: _____

家中電話

Work Phone: _____

辦公室電話



Scadding Court Community Centre

For Official Use Only:

Fees: _____	+	_____	=	_____
Regular fee		Extended Hours fee		Total fees
Payment information: _____				_____
		Fee Paid (date)		Receipt #

Full payment is due upon registration.

報名時需即繳交營費

Post-dated cheques will not be accepted.

不接受期票

Pay by cash OR cheque (payable to: Scadding Court Community Centre)

現金或支票均可, 抬頭請寫 “Scadding Court Community Centre”

Scadding Court Summer Day Camp Refund Policy

本營退款政策

- If you give us less than 7 working days notice, you will receive a refund minus a \$10 administrative charge
如在七日內通知本營, 本營會退回所有營費 (減去十元報名費)
- If you give us more than 7 working days notice, you will receive a refund minus a \$5 administrative charge
如多過七日前通知, 本營會退回所有營費 (減去五元報名費)
- Switching weeks will only be permitted if space allows and the empty spot can be filled.
閣下只可以改換活動日期如有空位

I have read and understood the refund policy.

我已清楚閱讀及明白退款政策通知

Signature of Parent/Guardian

家長簽名

Date

日期

Permission Form 同意書

Although every attempt is made to develop and implement a safe program, there are some inherent risks associated with participation in the Summer Day Camp program. These risks include injury resulting from participation in the Summer Day Camp program. These risks include injury resulting from participation in water activities, sports, cooking and field trips. 本中心會盡量使夏令營活動安全,但在參加日營,水上活動,球類活動,家政及旅行時,有時意外是無可避免的.

- Your signature on this form acknowledges your share of responsibility for your child's safe and conscientious participation in the program. In doing so you are agreeing to make an effort to minimize risk to your child via provision of a nutritious lunch, sunscreen, a hat and proper clothing/footwear.
請家長在下面簽署,同意分担責任使意外減至最低,請給貴子女帶備營養午餐,防晒膏,帽子,適當的衣物及鞋.
- Your signature also indicates that you understand that should your child engage in behaviours that significantly interrupt the delivery of the Day Camp program, he/she will be asked to leave the program and a refund for the remaining time in the program will be issued.
閣下簽名已表示,明白如貴子女的行爲令本營做滋擾,貴子女便會被帶走.而本營會由當日日期計算退款數目,及把退款交還.
- In the interest of safety, you also agree to phone the centre by 9:00 a.m. if your child is to be absent or late (arrive after 9:30 a.m.) that day. Please be advised that if your child arrives at the centre past 9:45 a.m., the camp will likely have left for a scheduled day trip.
如貴子女告假或遲到,請在當日九時致電知會本中心.請留意,如貴子女遲於九時四十五分報到,可能不能趕及參與該日預定之外出活動,因活動會如期進行,決不等待.
- You give permission to Scadding Court Community Centre to use pictures of your child in the Day Camp setting for future promotional purposes (e.g. brochures & flyers). Please circle: Yes/No
你可否准許中心將子女在營內活動之照片刊登於下次宣傳夏令營之用? 准許 / 不准許
- Your signature also grants permission to Scadding Court Community Centre Day Camp staff to give first aid and/or take your child to the hospital for emergency medical treatment when warranted. Please note that every effort will be made to contact you before hospital treatment.
閣下簽名已表示如有時意外,准許本中心職員給貴子女進行急救,或需要時送往醫院救治,並儘儘快在接收醫院救治前通知家長.
- In the event that your child does not have a health card (OHIP) or is not covered by private insurance you agree to pay all fees if the child needs any medical attention.
在活動中,貴子女如沒有健康咭或私人保險保障,貴子女必須負責負上醫療費用.

Signature of Parent/Guardian 家長/ 監護人簽名

Date 日期

Witness (staff signature) 職員簽名

Date 日期

Parent Code of Conduct: 家長守則:

It is the goal of Scadding Court Summer Day Camp that all staff, volunteers and participants are safe and welcome in the program. As parents/guardians, you share in the responsibility of maintaining a safe environment for everyone.

為所有工作人員,義工和參加者提供安全和舒適環境是西城社區中心夏令營的目標是宗旨.作為家長/監護人,也要有責任保持為每一個人提供安全的環境.

The following behaviours are considered unacceptable and will not be tolerated in the centre.

下列行為中心被認為是不可接受的,和是不能容忍的事件.

- violence towards others
暴力對待他人
- physical /verbal threats
身體或語言上的威脅
- sexist, racist, homophobic, class - based or discriminating remarks and/or actions
性別, 種族, 害怕同性戀,階級觀念基本上歧視性評論和/或行為
- yelling, swearing or not listening to staff
尖叫,咒罵或不聽工作人員勸阻

I agree to abide by the Scadding Court Summer Day Camp Parent Code of Conduct.

我同意遵守西城社區中心夏令營守則.

Signature of Parent/Guardian 家長/ 監護人簽名

Date 日期

Swimming: 水上活動:

Do you wish your child to participate in swimming activities? Please circle: Yes/No

你是否准許貴子女參與水上活動? 准許 / 不准許

Signature of Parent/Guardian 家長/ 監護人簽名

Date 日期

Sign in/out: 報名 / 簽走:

I agree to follow the sign in/out procedures of Scadding Court Day Camp.

本人同意聽從本中心的報到 / 簽走政策

The following persons have permission to pick up my child(ren) from Summer Day Camp.

下面的人都有本人的同意從西城社區中心接走我子女

Name: 姓名:

Phone # 電話#

Signature of Parent/Guardian 家長/ 監護人簽名

Date 日期