



CENTRAL EGLINTON CHILDREN'S CENTRE
223 EGLINTON AVENUE EAST
TORONTO, ONTARIO
M4P 1L1
416 440-0383
Fax. 416 440-0795
centraleglinton@rogers.com
www.centraleglintonchildrenscentre.com

February 18, 2018

SUMMER CAMP
Community Children
JULY 3-AUGUST 24, 2018

Dear Family,

Welcome to CECC!

- Our Summer Camp operates for the months of July and August.
- We are open from 7:30 a.m. to 6:00 p.m. Monday to Friday.
 - Kindergarten: Your fee includes: Snacks and the cost of field trips.
 - School Age: Your fee includes: Snacks and the cost of field trips.

Subsidy: If you are transferring from another child care centre, please check the number of days your child has been absent from your Centre, January to June. As you know, your child is entitled to 35 days off per year (January-December); this includes sick time and vacation. You may not take more than 20 days off in a row, as the excess days, will not be covered by the City (Children's Services).

Please note: we can't accept registrations without confirmation from your intake worker that you are able transfer to CECC.

Registration in Summer Camp is based on a first come, first served.

Summer Camp 2018 Package includes the following:

- 1 Summer Camp Policy – *Please see attached*
- 2 Summer Camp Registration/Fees Form – *Please indicate the weeks you wish your child to attend, sign (both parents where applicable) and return to CECC's office. (Please see subsidy requirements above)*
- 3 Application/Information Form – *Please complete the registration form, complete all boxes, sign (both parents where applicable) and return to CECC's office.*
- 4 If your child requires medication to be administered by CECC, please complete the medication or anaphylaxis form available on our website. The plan should be signed by you and your child's doctor. Once it is signed, please give us a call, so we may arrange time to go over the treatment plan before your child starts. Please include a head and shoulders picture of your child with the form.

Registration will be accepted when the following is returned to CECC's Office:

1. Completed Forms
2. Post-dated Cheques – *one dated July 1st 2018 (July = 22 days x your daily rate, if applicable) – Payable to CECC*
- one date July 30 2018 (August = 18 days x yours daily rate, if applicable) – Payable to CECC

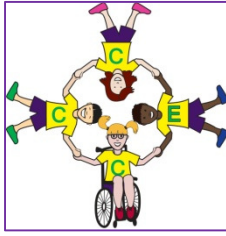
Please ensure you thoroughly read the Summer Camp Policy. It outlines important details that pertain to your child's enrolment in Camp. **Please note the "Cancellation Policy" Section 3 – Summer Camp Policy**

A summer camp T-shirt and hat will be provided for your child. It will be laundered at CECC.

Information regarding your child's classroom, teachers, and the final programme calendar for your child's group, will be e-mailed to you by the second week of June. If you register after June, you will receive a copy with your registration package.

If you have any questions, please call or visit CECC's office.
CECC's Board of Directors

Subs



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Summer Camp Policy

1. Duration of Summer Camp

Summer Camp begins on the first Monday* immediately following the end of the school year in June, unless the Monday is a statutory holiday. In this case, Camp will begin on the Tuesday. **Camp ends on a Friday, one week before Labour Day.** CECC will be closed this week to prepare for the coming school/child care year. The last day of Summer Camp is noted in the registration package.

Space in Summer Camp is limited. Spots will be reserved with complete, signed forms, plus valid payment.

2. Policies

Policies outlined in the Central Eglinton Children's Centre Family Handbook are in effect and are applicable to the Summer Camp Programme. You will find a copy of CECC's Family Handbook on our website: www.centraleglintonchildrenscentre.com

3. Cancellation Policy

Summer Camp fees are final. Fees will not be refunded if you wish to cancel any weeks that your child is registered.

4. Substitution of Weeks

You may request to swap weeks, **only if space is available** e.g. one week in July to one week in August. If space is not available, your child will **remain** registered for the weeks indicated on the Summer Camp Registration Form. Requests to swap weeks must be made in writing at least one week prior to the change.

5. Subsidy

If you have a City of Toronto subsidy you must check with CECC's office regarding your number of eligible vacation days. If you use more than the allowed number of days, or if you are off for more than 20 days in succession, the full fee rate will be charged. If you transfer from another child care centre you will carry with you the number of absent days you have already taken.

6. Summer to Fall Enrolment

CECC treats Summer Camp as a stand-alone, separate programme. Please understand that if you enroll in camp, it does not guarantee a space in the child care programme for the following September.

7. Communication

Communication is primarily through e-mail, please make sure you check your e-mail regularly for updates to our summer plan.

8. Attendance

Please make sure you sign in your child upon arrival and out upon departure. It is crucial as an added safety check, as well as an important time for communication with staff.

If for some reason your child will not be in by 10:00 am (regular day) or 8:30 am (trip day) please notify the childcare office or we will assume that he/she will be absent for the day.

If someone other than you is picking up your child, please let us know the name of the person. Staff will ask the person for photo ID before releasing your child, unless he/she is familiar.

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SUMMER CAMP REGISTRATION FORM B (SUBSIDY)

Parent /Guardian Name	1. <input type="text"/>	Child's Name <input type="text"/>
	2. <input type="text"/>	Subsidy File Number <input type="text"/>
		DOB (dd/mmm/yy) <input type="text"/>

Kindergarten Summer Camp: Born 2012/13

School Age Summer Camp: Born 2006/11

Please check the weeks your child will attend CECC Summer Camp:

Check Box	JULY	Dates
<input type="checkbox"/>	Week 1	July 3-6
<input type="checkbox"/>	Week 2	July 9 -13
<input type="checkbox"/>	Week 3	July 16 - 20
<input type="checkbox"/>	Week 4	July 23- 27
ONE CHEQUE (payable to CECC) DATED FOR JULY 1st, 2018		

Check Box	AUGUST	Dates
<input type="checkbox"/>	Week 5	Jul 30-Aug 3
<input type="checkbox"/>	Week 6	Aug 6-10
<input type="checkbox"/>	Week 7	Aug 13-17
<input type="checkbox"/>	Week 8	Aug 20-24
ONE CHEQUE (payable to CECC) DATED FOR July 30, 2018		

Daily Rate	July Days	July cheque total \$

Daily Rate	August Days	August cheque total \$

Check one box for the T-Shirt size for your child. Monogrammed T-Shirts are worn on field trips.

<input type="checkbox"/>	2-4
<input type="checkbox"/>	6-8
<input type="checkbox"/>	10-12
<input type="checkbox"/>	14-16
<input type="checkbox"/>	Adult: Small

Dates affecting CECC operation

Note	Camp Key Dates	Reason
CECC closed	July 2nd	Canada Day
CECC closed	August 6th	Civic Holiday
CECC closed	August 27th - 31st	Clean up week
CECC closed	September 3rd	Labour Day
School begins, CECC open	September 4th	School begins

The Child Care and Early Years Act requires immunization records for your child to be held on file at CECC. These are audited and must be up-to-date. To comply with this, please attach a copy of your child's immunization record and advise us of any updates while registered at CECC.

I/We have read and understood the CECC Summer Camp Policy, attached to your application form and available at www.centraleglintonchildrenscentre.com, and acknowledge that the daily rate must be paid by me/us even if my/our child takes vacation in July and/or August. Also, if my/our child takes more vacation than is allowed by Toronto Children Services (Jan to Dec), or if he/she/they take more than 20 days in succession, then I/We will pay the full fee daily rate to CECC.

Date

Parent/Guardian Signature

Parent/Guardian Signature

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SUMMER CAMP REGISTRATION FORM C

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Child's First Name	Other Names	Child's Last Name	Apt #	Street #	Street Name	Postal Code	Home Tele	Birth Date dd/mmm/yy	Boy/Girl

PARENT/GUARDIAN INFORMATION

First Name	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Apt No	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Street No	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Postal Code	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Email Address	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Work Address	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Work Postal Code	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Home Phone	<input style="width: 30%;" type="text"/>		<input style="width: 30%;" type="text"/>
Work Phone inc Extension	<input style="width: 30%;" type="text"/>	<u>Emergency</u> <u>priority</u>	<u>Pick Up</u> <u>Yes/No</u>
Cell Phone	<input style="width: 30%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

CUSTODY/ACCESS

Please note: information, visitation rights or pick-up will only be granted to those who have signed as a parent/guardian on the bottom of each form.

If an unauthorized person requests access to your child, CECC will immediately call you or, your listed emergency contacts. If we are unable to contact you or your emergency contacts, depending on the situation, we may call the police.

EMERGENCY CONTACTS - 2 contacts MUST be provided

These persons will be able to act on your behalf if CECC is unable to reach you in an emergency situation.

Full Name	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Postal Code	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Home Phone	<input style="width: 30%;" type="text"/>		<input style="width: 30%;" type="text"/>
Work Phone inc Extension	<input style="width: 30%;" type="text"/>	<u>Emergency</u> <u>priority</u>	<u>Pick Up</u> <u>Yes/No</u>
Cell Phone	<input style="width: 30%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Relationship to Child	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>

RELEASE CONTACTS - up to 2 further contacts MAY be provided

The following person(s) have permission to pick up your child from CECC at any time.

1. Full Name	<input style="width: 95%;" type="text"/>	Phone No.	<input style="width: 95%;" type="text"/>	
2. Full Name	<input style="width: 95%;" type="text"/>	Phone No.	<input style="width: 95%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please let pick-up persons know that they may be asked for photo identification.
CECC can not release your child to anyone other than the above, without your written or verbal permission.

Child's Full Name _____

DOCTOR DETAILS

First Name	_____	Street No.	_____	Address	_____
Last Name	_____	Postal Code	_____	Business Phone	_____ Suite _____

CHILD HEALTH DETAILS - Copy of your child's immunisation record is required

If I/we, as listed above, cannot be reached in the event of an accident or other medical emergency, I/we give permission for the staff of CECC to obtain immediate qualified, medical assistance for my/our child named above.

Treatment may include: administration of drugs, anaesthetics, blood transfusions, injections, or any other treatment as noted to be recommended by the physician caring for my/our child. It is understood that every effort will be made to contact me/us immediately and, that there will be no liability to the driver, staff, school or CECC.

Health Card No. (optional)	_____	If we do not have your child's Health Card, have to take him/her to a medical centre and are unable to contact you, CECC will pay applicable fees, with the understanding that you will reimburse CECC in full.
Anaphylaxis	_____	If your child's allergy requires an EPI pen or other medication, please include a doctor's note describing the signs, symptoms and dosage - ask CECC for the standard form BEFORE camp.

Medical Conditions	_____
Medication	_____
Allergies	_____
Allergy Symptoms	_____
Allergy Medication	_____
Dietary Restrictions	_____
Special Diet	_____

EXCURSION PERMISSION

Outdoor excursions are an important aspect of CECC's Summer Camp. Throughout July and August, supervised groups of children are frequently taken on trips. Trips involving buses will require a signed form to be completed by you, prior to EACH trip. We also take spontaneous trips, within walking distance, around the neighbourhood, details of which will be posted on your child's classroom door.

I/We understand that CECC cannot be held liable for any accidents or injuries that may occur as a result of these excursions. Your signature on this form authorizes your child, listed above, to participate in these excursions.

SUNSCREEN, BUGSPRAY and HAND SANITIZER

Please read and select your options regarding SUNSCREEN (Choose One Only) and BUGSPRAY application at CECC:

Sunscreen - either CECC or OWN -----	_____	Any Other Sunscreen Requirement	_____
Sunscreen will be provided FROM HOME ONLY---	_____		
Sunscreen to be provided by CECC ONLY-----	_____	Bugspray -----	_____

CECC uses HAND SANITIZER with an alcohol content of no less than 70%. It is used with hand wipes when we do not have access to soap and water. It is also used when we have an outbreak of illness.

Please read and select your option regarding application of HAND SANITIZER at CECC:

GIVE permission to apply sanitizer _____ Do NOT GIVE permission to apply sanitizer _____

PERMISSION FOR MEDIA USE and EMAIL COMMUNICATION

CECC staff may take photographs, use videos, or make recordings of your child for activities, portfolios, displays in classrooms, and emergency field trip binders. The name of your child will not be associated with his or her picture.

There may be occasions when we include images of CECC's children in our promotional materials and website.

Please indicate if you grant us permission to include your child in these promotions.

I/We give CECC permission _____ I/We do NOT give CECC permission _____

Please indicate if CECC can send email containing advertising of special events and fundraising ventures, etc.

I/We give CECC permission _____ I/We do NOT give CECC permission _____

CECC will continue to send all other non-commercial information via email (as per Canada Anti-Spam legislation).

Date	Parent/Guardian Signature	Parent/Guardian Signature
_____	_____	_____

Note: There must be a signature from each of the Parent/Guardians listed above