



Peoples  
Christian  
Academy

# **PCA JK/SK Summer Camp**

**2024**

**Registration Package**



## **PCA JK/SK Summer Camp**

### **Our Mission**

The PCA JK/SK Summer Camp will work to provide a fun-filled program that will demonstrate God's love through each area of learning and flow to each child that participates in our program.

### **Program**

PCA JK/SK Summer Camp strives to implement programming that is fun for the children while introducing and reinforcing developmental concepts and interweaving faith and the love of God into our daily routines and activities. The camp is designed to serve children that will be completing JK or SK in June.

### **Camp Hours & Dates**

Our program runs from 9:00am to 3:30pm. Extended care will be provided at no additional cost from 8:00am until 5:00pm. Please note that additional care will NOT be provided before 8:00am and after 5:00pm. Please make arrangements for your child to be picked up by 5:00pm daily.

2024 Camp Dates:

- Week 1: July 2<sup>nd</sup> – 5<sup>th</sup> (Monday is a holiday)
- Week 2: July 8<sup>th</sup> – 12<sup>th</sup>
- Week 3: July 15<sup>th</sup> – 19<sup>th</sup>
- Week 4: July 22<sup>nd</sup> – 26<sup>th</sup>
- Week 5: July 29<sup>th</sup> – August 2<sup>nd</sup>

### **Fees**

Fees for each child enrolled in the Camp are **\$350/week (or \$280 for the week of July 2-5)**. Each week we will be going on a field trip or inviting guests to our site for a visit. These will have an additional cost and prices will be dependent upon the event. If you choose to opt out of field trips and visits, no alternate care will be provided and the weekly fee remains the same. Fees are to be paid upon registration, either by cash, cheque (payable to "PCA") or e transfer: **please add your child's name in the memo and the weeks attending the camp** (i.e. JK/SK Summer Camp – John Lee, Week 1 & 3). Registrations

for children are on a per week basis. The full week's fees of \$350.00 will be required in full even though a child may not be in attendance for the entire week. No refund, reduction of fees or credit will be granted for late arrival, early departure, withdrawal or dismissal. Registration is completed once payment is received.

### **Late Fees**

If a child remains at the camp past the closing time of 5:00pm, a late fee charge of \$15 for the first 15 minutes and \$5 for each additional 5 minute interval thereafter will be calculated. Upon arrival at the camp, the parent or designated pick up person will be asked to sign the "Late Pick Up Acknowledgement" form noting the time of pick up and fee incurred. The late fee must be paid **in cash** and not added into regular fees.

If a child is picked up late on a continuing basis, they may not be permitted to attend subsequent weeks. Should a child be left at the camp past 5:30pm without contact from the parents and emergency contacts cannot be reached, the Police and/or Children's Aid will be contacted.

### **Illness & Health Policy**

Children who are sick should not be brought into the camp. Parents must keep a child at home when he/she is suffering from a fever, vomiting or diarrhea. If the child becomes ill during the day, parents will be notified and asked to come and pick up their child as soon as possible. **Children must be symptom free for 24 hours before returning to the camp** to ensure that the illness will not be passed to others. All staff are required to observe the children for signs of physical illness. If your child is too ill to participate in all aspects of our program, the child should not be at camp.

Any child who shows signs of a contagious illness such as pink eye, measles, chicken pox etc., **must be withdrawn as soon as possible and must not return to the camp until they have been symptom free for 24 hours.** The child will be held in quarantine at the school until they are picked up.

### **Allergies & Anaphylaxis**

PCA JK/SK Summer Camp is a nut-free facility. Due to the risk of exposure for this life-threatening allergy, we ask that no outside food is brought into the camp unless it is deemed "Nut Free". Packaging that states that a product "May contain peanuts or nut products" will not be allowed into the camp. We also ask that you not feed your child peanut products in the morning before they come to the camp or on the way in to minimize the risk of any residual traces of nuts on their body or clothing.

If your child has an allergy where anaphylaxis is a risk, please make sure that you notify the Director to fill out the Anaphylaxis Emergency Plan forms, provide the appropriate medications and train the Director and staff on the treatment plan in case of exposure to the allergen.

## **Food**

We are pleased to be able to provide a hot lunch and a nutritious afternoon snack daily for your children. Food menus will meet the Canada Food Guide requirements and we will do our best to accommodate for any allergies – please let us know at registration if your child has any allergies. If we are not able to accommodate your child's allergies, you will need to provide food for your child.

## **Naps & Bedding**

Children attending the PCA JK/SK Camp will be provided a time for them to nap and rest. Please provide a blanket/pillow with a pillowcase (if preferred) so that your child will feel comfortable sleeping with familiar bedding. Each child will be assigned a mat, please bring a bed sheet similar to the size of a mattress for a crib at the beginning of each week of camp. Sheets are changed every Friday (unless soiled) and placed in bags with your child's blankets and put in the child's cubby. If you are returning the following week, please be sure to launder and return them to the camp for the following Monday.

## **Students and Volunteers**

At PCA JK/SK Summer Camp, we strive to provide the best care possible showing the love of Christ in every aspect of our camp. We also believe in helping others and sharing our knowledge and time to train others. Throughout the duration of the camp student placements and volunteers may be working within our classes. All students and volunteers must pass a screening process in order to qualify. Volunteers and students will be supervised at all times by a staff member and will not be counted in staffing ratios. Children will not be left under the supervision of a person under 18 years of age.

Students and volunteers may be partnered with a staff member that will orientate, oversee and mentor the student/volunteer during placement and volunteer times. It is expected that the student/volunteer will adhere to the dress code of the staff and will participate in all aspects of the daily routine.

Volunteers will not be permitted to change, bathe or take children to the washroom alone.



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## PCA JK / SK Summer Camp

### Child Registration Form

Information received is confidential and is being gathered for the purposes of serving your child while in the care of PCA JK/SK Summer Camp. Any medical information collected here serves to authorize PCA JK/SK Summer Camp, and its staff and volunteers, to obtain medical assistance in emergencies.

In the case of custody agreements, please include the proper paperwork authorizing parental contacts.

Child's Name \_\_\_\_\_  
Surname Given Names

Address \_\_\_\_\_  
Street City Postal Code

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
Day Month Year

Home Phone # \_\_\_\_\_

Child's last grade completed: \_\_\_\_\_ Child's School: \_\_\_\_\_

Health Card # \_\_\_\_\_ Version Code \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s phone # \_\_\_\_\_

Dr.'s Address \_\_\_\_\_

Allergies (please also fill out Allergy Form) \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_  
Surname Given Names

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_  
Surname Given Names

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Emergency Contact (other than parents)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone # \_\_\_\_\_

OTHER THAN PARENTS/ GUARDIANS & EMERGENCY CONTACTS, MY CHILD MAY BE RELEASED TO: (Please provide full name as shown on their identification)

1) \_\_\_\_\_

2) \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that Staff should be aware of?  Yes  No

If yes, please explain:

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Is your child bringing any medication with him/her?  Yes  No

If yes, please list.

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The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named below, authorize the PCA JK/SK Summer Camp Director or Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for my child.

I/we, named below, undertake and agree to indemnify and hold harmless Staff, PCA JK/SK Summer Camp, and its leadership from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of PCA JK/SK Summer Camp, as well as of any medical treatment authorized by the supervising individuals representing the Camp. This consent and authorization is effective only when participating in or traveling to events sponsored by the PCA JK/SK Summer Camp.

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

### **Photos**

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- |   |  |
|---|--|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Organizational (to be used within the Camp)   |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Newsletters (distributed to the PCA families) |

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

### **Purposes and Extent**

PCA JK/SK Summer Camp is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

I have read, understood and agree with the above.

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_



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## Peoples Christian Academy Early Learning Centre

### Allergy/Food Restriction Form

Please fill out this form if your child has any allergies that we need to be aware of that may affect their well-being. This form will be reviewed by all staff and kept in your child's file.

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

Allergy /  Restriction : \_\_\_\_\_

My child does NOT have any allergies or food restrictions.

Avoidance Strategies: \_\_\_\_\_

\_\_\_\_\_

Symptoms: \_\_\_\_\_

\_\_\_\_\_

Treatment: \_\_\_\_\_

\_\_\_\_\_

Medication (if required): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ consent P.C.A. Staff to administer the prescribed allergy medication to my child \_\_\_\_\_ in the event of an allergic reaction.

I will also provide any updated information regarding any change to our child's health/allergies.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date





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## **PCA JK/SK Summer Camp**

### **Parent Contract**

1. I agree to carry out the parent responsibilities under the policies outlined in this package.
2. I understand my child cannot begin attending PCA JK/SK Summer Camp until all forms have been completed and submitted and all fees have been received.
3. I understand that, for the benefit of all, sick children cannot be admitted to the PCA JK/SK Summer Camp if they have a communicable disease (i.e. measles, pink eye, chicken pox etc.) or if they show signs of fever, diarrhea or vomiting. I understand that my child must be symptom free for at least 24 hours before returning to the Camp.
4. I understand that, if my child becomes ill during the day, he/she will be isolated and I will be notified to pick them up from the Camp. I also understand that it is my responsibility to make whatever arrangements are necessary to ensure my child is picked up as quickly as possible.
5. I agree to notify the Camp prior to 8:30am if my child is going to be absent from the program.
6. I understand that if I choose to not allow my child to participate in an offsite trip, it is my responsibility to find alternate care for my child.
7. I understand that PCA Summer Camp is a Christian camp that observes the Statement of Faith as set out by Peoples Christian Academy.
8. I agree to adhere to the Non-Smoking/Vaping policy and will not smoke/vape on or around PCA premises.
9. I agree that only the pre-authorized adults listed on the registration form may pick up my child. If it becomes necessary to designate additional persons, every effort will be made to introduce these persons to the staff of the Camp. I also agree that I will notify the Camp by phone or in writing of any last minute substitutions for pick up persons, and that these persons will be required to produce photo identification to the staff on duty before my child will be released.
10. I understand that if my child remains at the Camp past the closing time of 5:00pm, a late charge of \$15 for the first fifteen (15) minutes will be payable to the staff on duty upon my arrival. An additional charge of \$5 for every five (5) minute interval will be calculated after

that. I will be required to sign the "Late Pick Up Acknowledgement" form with the time of pick up noted and will be responsible to pay the late fee in cash. I will concede to the Camp clock for the times noted.

If my child is picked up late on a continuing basis, my child may not be permitted to attend subsequent weeks. If I fail to contact the Camp before 5:30pm and no other family or emergency contact can be reached, I understand that the police and/or Children's Aid will be notified by the Camp staff.

11. I agree that, if my child is involved in a custody dispute, that I will inform the Director of the Camp in writing of the situation and the arrangements.
12. I agree to have my child's fees of \$350/week (or \$280 for the week of July 2-5) submitted upon registration unless alternate arrangements have been made and agreed upon by the Camp Director and myself. I understand that fees are per week and refunds will not be given for days missed. I agree that if my cheque is returned for any reason, I will be subject to a \$25 administrative fee.

Parent/Guardian Name: \_\_\_\_\_

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

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

My child will be attending the following weeks for \$350/week

- Week 1: July 2<sup>nd</sup> – 5<sup>th</sup> (\$280 – adjusted for the Canada Day holiday)
- Week 2: July 8<sup>th</sup> – 12<sup>th</sup>
- Week 3: July 15<sup>th</sup> – 19<sup>th</sup>
- Week 4: July 22<sup>nd</sup> – 26<sup>th</sup>
- Week 5: July 29<sup>th</sup> – August 2<sup>nd</sup>

Total amount enclosed: \$ \_\_\_\_\_

Please make payment in cash or by cheque payable to "PCA".

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For Office Use:

Amount Paid: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Family #: \_\_\_\_\_