Wilmot & Wellesley Resource Centre
Your Community Support Hub

PD Day Camps and School Holiday Program

Children 5 (in SK) – 12 yrs. Old

Child 1

First name: _____ Last name: _____

Age: _____

Please list any health concerns (i.e. medical, allergies…) along with reactions and signs to watch for.

Child 2

First name: _____ Last name: _____

Age: _____

Please list any health concerns (i.e. medical, allergies…) along with reactions and signs to watch for.

Child 3

First name: _____ Last name: _____

Age: _____

Please list any health concerns (i.e. medical, allergies…) along with reactions and signs to watch for.

Wilmot & Wellesley Resource Centre
Your Community Support Hub

Primary Contact Information (Parent or Guardian)

1.Parent/Guardian (Required) * Please note, this guardian will receive the receipt:

First Name: _____ Last Name: _____

Relationship: _____

Email: _____

Address: _____

Best phone number to reach you during camp: _____

2. Parent/Guardian:

First Name: _____ Last Name: _____

Relationship: _____

Email: _____

Address: _____

Best phone number to reach you during camp: _____

Who is authorized to pick up this child? (Only those listed will be allowed to pick up your child, unless you have let us know in writing prior to pick up)

1. _____ Relationship to child: _____
2. _____ Relationship to child: _____

Emergency contact: (if parent/guardian cannot be reached)

Name: _____ Contact #: _____

Wilmot & Wellesley Resource Centre
Your Community Support Hub

Wilmot & Wellesley Resource Centre Photo Release:

I _____ (Primary or Secondary Contact) give permission on behalf

Of _____ (child/children) for Wilmot & Wellesley

Resource Centre to:

- ❑ Take photographs, video, or audio recordings
- ❑ To release photos that my child is in, to interested parties, such as the parents of other children in the same photo, video, audio recording
- ❑ To be used on Wilmot & Wellesley Resource Centre's social media or website for promotional, or educational purposes

Parent/Guardian initials for photo consent ☐

Please sign to acknowledge that you have completed this registration form to the best of your ability and that all information is accurate and up to date.

Signature of Parent/Guardian: _____
(If returning this form via email, type your name here. By sending this email back to us, this action stands in place of your signature)

Date (yyyy/mm/dd): _____ /_____ /_____

Wilmot & Wellesley Resource Centre
Your Community Support Hub

PD Day Camps and School Holiday Programs Participation Agreement

Parents/Guardians, please review this form with your child who is attending a Wilmot & Wellesley Resource Centre (WWRC) PD Camp and/or a School Holiday Program.

WWRC is committed to providing a safe program experience where all children can thrive. Below are our program guidelines for all participants to follow.

Program Guidelines

1. Keep your hands and feet to yourself.
2. Be respectful in words and actions.
3. Touch only what belongs to you.
4. Stay within the activity area.
5. Follow the direction of your leaders.

If a participant is not following these guidelines, the program supervisor will make a phone call to the parent or guardian, and the following steps will be taken:

Step 1: Call the parent to discuss strategies for success for remainder of the day.

Step 2: Call the parent to pick up the child for remainder for the day.

Step 3: Call the parent and child is sent home and no longer able to return to the program for the remainder of the week.

WWRC has a **zero-tolerance policy** in place for all our programming. There will be no hitting, kicking, shoving, spitting, stealing, or damage of another person or their property while in WWRC programming.

By signing below, you are acknowledging that you have read and understand our program guidelines and agree to follow them while participating in any WWRC program.

Parent/Guardian Signature: _____

Camper Signature: _____

Date: _____