



Macaulay Tree House School Age Programs

50 The Granite Bluff, Bracebridge, Ontario P1L 1L4

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www.macaulaytreehouse.ca

schoolage@macaulaytreehouse.ca

2021 Winter Break Registration Form

Please check the days you would like your child to attend. Please check the days you would like your child to attend.

Christmas Camp: Mon. Dec 20 Tues. Dec 21 Wed. Dec 22 Thurs. Dec 23 Fri. Dec 24

Fees: JK/SK \$37.00, Grade 1-6 \$36.50

CHILD INFORMATION

Last Name: _____

First Name: _____

Grade: _____

Date of Birth: _____

Custody of Child: Both Parents Mother Father Guardian

Are there custody arrangements that we should be aware of Yes No **If yes, please attach documentation.**

PARENT INFORMATION

My child currently attends Macaulay School Age Programs No changes to registration required

Parent's Name: _____

Place of Work: _____

Home address: _____

Work Address: _____

Town: _____

Town: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail address: _____

Parent's Name: _____

Place of Work: _____

Home address: _____

Work Address: _____

Town: _____

Town: _____

Postal Code: _____

Postal Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail address: _____

ALTERNATE CONTACT & EMERGENCY Information – other than parents

Contact Name: _____
Daytime phone: _____

Relationship to child: _____
Other phone: _____

Contact Name: _____
Daytime phone: _____

Relationship to child: _____
Other phone: _____

MEDICAL INFORMATION

Does your child have allergies? yes no / Is this allergy Anaphylactic? yes no

Allergies: _____

Food restrictions: _____

Other Medical Concerns: _____

Please note anaphylactic allergies, medical conditions require further documents-please contact School Age Program Supervisor.

Is your child involved with other community agencies? (Community Living, Hands etc.) _____

Does your child require one-to-one support while attending the program? YES NO

If yes, please contact School Age Program Supervisor.

CONSENT TO PHOTOGRAPH

Consent to photograph: I give permission to Macaulay Tree House to photograph my child for use by Macaulay Tree House and Participating families only. YES NO

Parent Signature: _____ Date: _____

ENROLLMENT AGREEMENT

I have completed and attached the following documents: PAD form Communicable Disease Form
Or

My child is currently enrolled in the Macaulay Tree House School Age Program

I give permission for my child to participate in the School Age Program offered by Macaulay Tree House Day Nursery. I have received, read, and understand the policies and procedures as presented in the Macaulay Tree House School Age Program Handbook.

Parent Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Completed registration forms can be dropped off at Macaulay Tree House Day Nursery