

MACAULAY TREE HOUSE

SCHOOL AGE SUMMER PROGRAM REGISTRATION FORM 2018



CHILD'S NAME		Birthdate	Age
Mother/Guardian's Name		Father/Guardian's Name	
Home Address		Home Address	
Town/Postal Code		Town/Postal Code	
Home Phone #		Home Phone #	
Work Name & Address		Work Name & Address	
Town/Postal Code		Town/Postal Code	
Work and Cell Phone #		Work and Cell Phone #	
E-mail address:		E-mail address:	
Name of Doctor, Address and Phone #			
Does your child have any allergies or medical concerns? (allergies, medications, medical conditions, etc.) *Anaphylactic allergies and/or medications require further documents - please contact the office*			
Does your child have any food restrictions?			
Does your child require a support worker while attending summer camp? (Please circle) YES NO *If yes, please contact the office			
Who may pick up your child from the program? (children may be released only to persons over 18)			
Emergency Contact and Phone #1		Emergency Contact and Phone #2	

One-time Registration Fee: \$5.00 Daily Fee: \$33.50 (JK/SK) \$33.00 (Grade 1+) ★ = Trip Days
**ANY FAMILY NOT ENROLLED FOR 4/5 DAYS OF THE WEEK WILL BE CHARGED AN ADDITIONAL \$10.00 TO COVER TRIP FEES*

Please check <input checked="" type="checkbox"/> below the camp days you are requesting						OFFICE USE ONLY	
DATES	DAYS ATTENDING					TOTAL FEE	
	M	Tu	W	Th	F		
July 2 - July 6			★				
July 9 - July 13			★				
July 16 - July 20			★				
July 23 - July 27			★				
July 30 - Aug 3			★				
Aug 6 - Aug 10			★				
Aug 13 - Aug 17			★				
Aug 20 - Aug 24			★				
Aug 27 - Aug 31			★				

Please note custody arrangements if applicable- DOCUMENTATION REQUIRED
Please note any other pertinent information with regard to your child

I give permission for (child's name) _____ to participate in the School Age Summer Camp Program and field trips, **according to the monthly calendar**, offered by Macaulay Tree House Day Nursery. I have received, read and understand, and will abide by the policies and procedures as presented in the Macaulay Tree House School Age Program Parent Handbook.

Consent to photograph: I give permission to Macaulay Tree House to photograph my child for use by Macaulay Tree House and the participating families only. **(please circle) YES NO**

On occasion, during special events, local media may photograph camp activities. Please inform the office at (705) 645-1953 if you have concerns, and we will make accommodations.

Children should bring their own labeled sunscreen . If your child forgets, we can provide with parent/guardian permission.

Permission to provide sunscreen? **(please circle) YES NO**

A COMPLETED PAD FORM IS REQUIRED TO CONFIRM SPACE

Payments will be withdrawn from accounts as per our bi-weekly PAD schedule.

5 business days notice of cancellation is required - a \$5.00/day administration fee will be charged

Parent/Guardian Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Macaulay Tree House Logo T-Shirts are required to be worn on field trip days as well as beach days.

T-Shirts can be purchased for \$10.00 - PLEASE PAY SEPARATELY

***If we have to provide your child with a camp t-shirt on more than one occasion a \$10.00 fee will be applied.**

Macaulay Tree House School Age Programs
 Phone: 705-645-1953
 Fax: 705-645-5846
treesap@bellnet.ca



Macaulay Tree House Day Nursery

50 The Granite Bluff Bracebridge, ON, P1L 1L4

Phone: 705-645-1953 fax: 705-645-5846

Email: treesap@bellnet.ca

I, _____ confirm that my child _____

has had a previous history of the following communicable diseases (please check box):

<input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS)	<input type="checkbox"/> Meningitis (acute, bacterial or viral)
<input type="checkbox"/> Acute flaccid paralysis (AFP)	<input type="checkbox"/> Meningococcal disease
<input type="checkbox"/> Amebiasis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Anthrax	<input type="checkbox"/> Ophthalmia neonatorum
<input type="checkbox"/> Botulism	<input type="checkbox"/> Paralytic shellfish poisoning (PSP)
<input type="checkbox"/> Brucellosis	<input type="checkbox"/> Paratyphoid Fever
<input type="checkbox"/> Campylobacter enteritis	<input type="checkbox"/> Pertussis (Whooping Cough)
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Plague
<input type="checkbox"/> Chickenpox (Varicella)	<input type="checkbox"/> Pneumonococcal disease
<input type="checkbox"/> Chlamydia trachomatis infections	<input type="checkbox"/> Poliomyelitis
<input type="checkbox"/> Cholera	<input type="checkbox"/> Psittacosis/Omithosis
<input type="checkbox"/> Clostridium difficile associated disease (CDAD)	<input type="checkbox"/> Q Fever
<input type="checkbox"/> Creutzfeldt-Jakob Disease	<input type="checkbox"/> Rabies
<input type="checkbox"/> Cryptosporidiosis	<input type="checkbox"/> Respiratory infection
<input type="checkbox"/> Cyclosporiasis	<input type="checkbox"/> Rubella
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rubella, congenital syndrome
<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Salmonellosis
<input type="checkbox"/> Food poisoning, all causes	<input type="checkbox"/> Severe Acute Respiratory Syndrome (SARS)
<input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> Shigellosis
<input type="checkbox"/> Giardiasis	<input type="checkbox"/> Smallpox
<input type="checkbox"/> Gonorrhoea	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Group A Streptococcal disease or Group B Streptococcal disease	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Haemophilus influenza b disease	<input type="checkbox"/> Trichinosis
<input type="checkbox"/> Hantavirus pulmonary syndrome	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Hemorrhagic fevers	<input type="checkbox"/> Tularemia
<input type="checkbox"/> Hepatitis A, B, or C	<input type="checkbox"/> Typhoid Fever
<input type="checkbox"/> Influenza	<input type="checkbox"/> Verotoxin-producing E. coli infection
<input type="checkbox"/> Lassa Fever	<input type="checkbox"/> West Nile Virus Illness
<input type="checkbox"/> Legionellosis	<input type="checkbox"/> Yellow Fever
<input type="checkbox"/> Leprosy	<input type="checkbox"/> Yersiniosis
<input type="checkbox"/> Listeriosis	
<input type="checkbox"/> Lyme disease	
<input type="checkbox"/> Malaria	
<input type="checkbox"/> Measles	

My child **does not** have a previous history of any of the above communicable diseases.

Parent/Guardian Signature: _____



Macaulay Tree House

Pre authorized Debit(PAD) Form

Customer information:

Account #:	First name:	Last name:
Address:		
City:	Province:	Postal code:
Phone:	Cell phone:	
email:		

Bank Account Information:

Transit #:	Bank ID:	Account #:
Account holder name (First,Last)		
Account type	Chequing	Savings
Bank name:		

Branch address:	John Smith	Date	YYYY-MM-DD
	123 Any Street		
	My Town, Province		
	PAY TO THE		
	ORDER OF		
	Your bank name		
	124 Any Street		
	Town, Province		
	Memo		
	"001"	:12345	678 910"112"8

Attach Void Cheque or Pre authorized debit form here

I authorize Macaulay Tree House to debit my account for the account balance on a bi weekly basis

Signature _____ Date: _____

Pre-Authorized Debit (PAD) Schedule for Macaulay Tree House

2018-2019

September 2018						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October 2018						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November 2018						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December 2018						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

January 2019						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2019						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March 2019						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2019						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2019						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2019						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2019						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

 PAD Dates