

MACAULAY TREE HOUSE

SCHOOL AGE SUMMER PROGRAM REGISTRATION FORM 2019



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: \$35.00 (JK/SK) \$34.50 (Grade 1+) ★ = Trip Days
 *ANY FAMILY NOT ENROLLED FOR THE FULL WEEK WILL BE CHARGED AN ADDITIONAL \$10.00 TO COVER TRIP FEES

DATES	Please check ✓ below the camp days you are requesting					OFFICE USE ONLY	
	DAYS ATTENDING					TOTAL FEE	
	M	Tu	W	Th	F		
July 1 - July 5			☆				
July 8 - July 12			☆				
July 15 - July 19			☆				
July 22 - July 26			☆				
July 29 - Aug 2			☆				
Aug 5 - Aug 9			☆				
Aug 12 - Aug 16			☆				
Aug 19 - Aug 23			☆				
Aug 26 - Aug 30			☆				

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		8
9	10	11	12	13	14	15
16	17	18	19	20		22
23	24	25	26	27	28	29
30						


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

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



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

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

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

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

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

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

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

 PAD Dates