

Joie de Vivre Forest and Nature School REGISTRATION

Student Information Form

Lisa Crone – School Director
647-640-6392

Please complete one form per child

The below information will be used by Lisa when on site. Please fill out all information completely as it will be the first document we use in the event of any emergency.

**Place a current color
photo here
(required)**

Child's Name
Birthday and Age
DATES OF ENROLLMENT
List any Medical Conditions:
Allergies:
Medications:

Mother/Guardian #1 Information

Name
Address
Home Phone _____
Cell Phone
Employer
Employer Address
Work Phone _____
Email Address

Father/Guardian #2 Information

Name
Address
Home Phone _____
Cell Phone
Employer
Employer Address
Work Phone _____
Email Address

Special instructions on how parents/guardians can be reached (i.e. cell phone etc.):

Emergency Contacts - people who are authorized to pick up and, if necessary, make medical decisions for the child

(we will attempt to contact Parent/Guardian first)

- 1.
- 2.

Tuition and other Agreements

A minimum of half the total payment is due before the beginning of the first class of the session. The remainder is due around the halfway mark of the session. This varies by session, so please visit www.joiedevivrefns.com for more details. If you require any special conditions please let us know as soon as possible. Payments can be made via cash, cheque (to Joie de Vivre Forest and Nature School) and/or Etransfer to lisacrone@yahoo.ca

Cheques or E-transfers that are returned are subject to a \$30 administrative fee. Parents and Guardians must sign a waiver in order for their children to participate in our programs. A two-week trial period can be arranged for students if there is space available. The fee is \$120.00 and is due prior to the first class. JDVFNS reserves the right to terminate a contract (with a refund for days not attended) if it is deemed that the program is not a good fit for the child. R

Refunds Policy

Refunds will be determined on a case by case basis and are not given unless there are extreme circumstances that prevent a child from participating in Forest and Nature School.

1. Refunds will not be given if a day's program is canceled due to inclement weather.
2. A child who is absent or leaves for a portion of the day due to illness, injury, expulsion or any other reason will not be refunded any portion of that day's program fees. If the child is unable to return for the remainder of the semester, a refund may be granted for the remaining days.
3. If a refund is issued, it may be subject to a \$30 administrative fee. In some cases, refunds can be used toward a future semester.
4. Two weeks' notice is required if you decide to leave the program and you will be refunded the remaining balance, minus any administrative fees.

Late Pick-Up Fees

A Late Pick-up Fee of \$1 per minute per child will be assessed if you pick up your child after the designated closing time. After the third late pick up, your child will be unable to continue attending the program.

I understand each of the above listed terms and conditions. I also understand that if I do not adhere to these terms and conditions, my child may not continue to attend the program.

Parent/Guardian Signature

Date

Medical Emergency Release Form

I, the undersigned, hereby authorize staff at Joie de Vivre Forest and Nature School to contact directly the persons named on this form, and authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event physicians, other persons named on this form, or parents cannot be contacted, school staff are hereby authorized to take whatever action is necessary in their judgment for the health of said child, including but not limited to rendering first aid, administering CPR, and providing transportation for a sick or injured child to the child's home, hospital, or doctor's office, by ambulance, or other available transportation.

It is the parent's responsibility to keep emergency information on this form current.

Parent/Guardian Signature

Date

Notice: Joie de Vivre does not carry accident or health insurance for your child on your behalf, and encourages you to evaluate your own health, accident and disability insurance to determine if you have adequate insurance for any injuries your child might sustain while at school or participating in school activities. Joie de Vivre may have no liability for the cost of emergency care and transportation provided for injuries that occur at school, pursuant to the Ontario Governmental Immunity Act.

Release Form – Hold Harmless

I give my permission for _____ to participate in all aspects of Childcare (physical and sedentary activities). I acknowledge that participation in these activities involves some risk of injury or death, and I assume these risks. I authorize my child to be transported by foot or vehicle for program purposes or emergencies. I further acknowledge that the participant is physically capable of performing in physical activities. I release and hold harmless Joie de Vivre Forest and Nature School and its staff from any liability for any injury or death arising from participation in Childcare.

Parent/Guardian Signature

Date

Child Pick-up

I am aware that children may be picked up **only** by persons designated by Parent/Guardian and listed on the Summer Camp Registration Form. If anyone other than those listed are to pick up the child, we must have a written notice from the Parent/Guardian **before** the child can be released. A photo I.D. must be shown by the person authorized by parent to pick up the child.

Parent/Guardian Signature

Date

Please initial beside or respond as necessary to the following statements:

- ✓ **Hours of Operation:** 8:30am-5:00pm
- ✓ **Walking and Hiking:** This is a 100% full-day outdoor school and will involve walking, hiking, occasional climbing, in and around Riverside park. We will walk on and off trails in the forested areas. I give permission for my child to walk with staff to these locations.
- ✓ **Water:** All children will be given water safety management strategies and tested on our first day to determine their awareness around water safety. Evergreen Brickworks. Please indicate below if you do not want your child in any water such as creeks and streams below knee deep. These campers will be assigned to stay out of the water.
- ✓ **Biking:** Biking in and around the brickworks on the beltline trail. Children must be able to ride a bike and must wear a helmet at all times. Please indicate below if you do not want your child to bike or your child is unable to ride a bike.

My child may enter into

- ✓ areas in off trail or non marked wilderness
- ✓ areas where water is no deeper than knee height

Photo Release: I give permission for Joie de Vivre Forest and Nature School to take, use and copyright photographs taken of this student by staff to share with parents or on our private storypark page and understand that the school may use them on the website.
(www.joiedevivrefns.com)

- ✓ **Sunscreen:** It is the parent's responsibility to provide sunscreen with a minimum SPF of 30. Each camper will be able to apply sunscreen to their own bodies or staff if the child needs assistance.
- ✓ My child is particularly sensitive to the sun. I will apply sunscreen before my child comes to the program.
 - ✓ I will inform the staff of any special sunscreen requirements my child may have.

Child Health & Behavior Information

All information in this document, or stated verbally to the Childcare staff, will be kept confidential. If there is any sensitive or personal information that will assist the staff with the care and safety of your child, please contact the Site Program Manager at your camp location.

Child lives with? Mother and Father Mother only Father only Legal guardian Other _____

Are there any special custody arrangements we need to be aware of? No Yes, please specify:

List communicable diseases and/or serious illness or surgeries which your child has had

List any known drug reactions, allergies, and or food allergies which your child has

Describe any special diet your child may be on

Is there any medical reason your child cannot participate fully in our childcare program?

No

Yes, please explain:

<u>FAMILY PHYSICIAN</u>
Name <u>Dr. Saul</u> <u>Greenberg</u>
Address _____
Phone <u>(416)</u> <u>485-4419</u>

<u>FAMILY DENTIST</u>
Name _____
Address _____
City _____
Phone _____

<u>PREFERRED HOSPITAL</u>
Name _____
Address _____
City _____
Phone _____

Has your child ever received special education services, such as speech, OT, etc? No Yes
please explain:

Languages spoken at home: English French Other

Communication abilities: How does your child make his/her needs known?

Does your child:

Wear glasses Yes No

Wear hearing aids Yes No

Tie own shoes Yes No

Briefly comment on your child's:

(please use back or additional sheet of paper if necessary)

Swimming ability	Athletic ability	Coordination
Play skills	Peer interactions	Disruptive behaviors (acting out, hitting, etc.)
General likes Joel likes: Ben likes:	General dislikes	Does your child use Time Outs at home and/or school? <input type="checkbox"/> No <input type="checkbox"/> Yes, how long? _____ Will stay in time out by self? <input type="checkbox"/> Yes <input type="checkbox"/> No, what is helpful?

How does your child react when

Challenged-

Frustrated -

Afraid-

Bored-

How are the above behaviors handled at home?

Are there any special methods of behavior support you have found to be most effective?

