

For Office Use Only

Date of Admission:

Date of Discharge:

Location:

SUMMER 2024 BEACH AND NATURE CAMP



Ages 4-6 Full-time \$669.09 Per week \$167.27

Extended Am Extended Pm Extended Am & Pm

Transportation Cost \$10.00 per week

\$25.00 Beach Shirt for beach days

\$100 Deposit fee due at sign up that will be taken off your last week attending.

Ages 7-12 Per week \$275.00

Extended Am \$12.00 Per Day Extended Pm \$12.00 Per Day Extended Am & Pm \$14.18 Per Day

\$25.00 Beach Shirt to be worn on Beach days please purchase.

Transportation Cost \$10.00 per week

\$100 Deposit fee due at sign up that will be taken off your last week attending.

Full-time 2 Full week Minimum registration required

SUMMER CAMP WEEKS

Minimum 2 weeks enrolment is required

Check the box for applicable weeks.

Week 1-July 2-5 Beach Camp

Week 5- July 29-Aug 2

Week 2- July 8-12 Beach Camp

Week 6- Aug 6-9

Week 3- July 15-19 Beach Camp

Week 7- Aug 12-16 Beach Camp

Week 4- July 22-26

Week 8- Aug 19-23 Beach Camp

Child Information

Full Legal Name:

Date of Birth (dd/mm/yyyy):

Age (years, months):

Home Address(es):

Language(s) Spoken at Home:

Other children in the family enrolled in the centre (list names, if applicable):

Health Card Number:

Doctor's Name and Phone Number:

Parent Information

Full Legal Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Occupation:

Full Legal Name:

Relationship to Child:

Primary Phone Number:

Alternate Phone Number:

Email address(es):

Home Address:

Same as Child

Occupation:

Custody Arrangements (if applicable)

Are there custody arrangements pertaining to legal right of access to your child? YES NO

If YES, please provide a copy of the appropriate legal documentation (e.g court order).

Name(s) of custodial parent(s) permitted to access/pick up your child: _____

Name(s) of individuals prohibited from accessing/picking up your child: _____

Pick-Up Authorization

The following additional individuals are authorized to pick up my child (Photo ID will be required to confirm identify before the child will be released):

Full Legal Name	Relationship to Child	Primary Phone

Full Legal Name	Relationship to Child	Primary Phone

Additional Emergency Information

Please provide any special medical or additional information about your child that could be helpful in an emergency (e.g., known medical conditions, skin conditions, vision/hearing difficulties):

Health Information

If your child has had any history of communicable diseases (e.g., chicken pox, measles), please list them below:

Does your child have any medical need(s) that requires additional support (e.g., Diabetes)?

YES NO

If yes, an individualized plan for children with medical needs must be developed between the parent and the child care centre prior to the child's first day of care.

Statement of Conscious/Immunization Records

Please provide a copy of your child's immunization record (e.g., yellow card) to the centre prior to your child's first day of care. If you do not have an immunization record.

If you have chosen not to immunize your child, a [Statement of Medical Exemption](#) form or a [Statement of Conscious or Religious Belief](#) form must be completed and provided to the centre. These forms are available on the Ministry of Education's website.

Allergy Information

Does your child have a life-threatening allergy (e.g., anaphylactic to peanuts or bee stings)?

YES NO

If yes, an individualized plan for an anaphylactic allergy that includes emergency procedures must be developed between the parent and the child care centre prior to the child's start date.

Does your child have any allergies that are not life-threatening (food or other substance [e.g., latex])?

YES NO

If yes, please provide relevant details, including what your child is allergic to, symptoms of a reaction and treatment required:

Dietary and Feeding Arrangements

Does your child have any special dietary requirements or restrictions (e.g., vegetarian, kosher, halal)?

YES NO

If yes, please provide relevant details:

Physical Requirements

Does your child require any additional support or accommodation with respect to physical activity?

YES NO

If yes, please provide relevant details:

Photograph Consent

YES No

I give permission to Terra Viva Montessori staff to take photographs of my child. It is understood that the pictures may be used in promoting school programs such as in flyers or website and on social media. It is also understood by both parents and TVM that children's names will not appear in the promotional material.

Parent/Guardian_____

Date:_____

Daily Outings Consent Form and swimming permission

I give permission to Terra Viva Montessori staff to take my child on daily outings, daily walks around the neighborhood of which I will require:

Daily Notification, in person, by email, call or text prior of leaving the school is required

No Notification is required

I give permission for your child to participate in swimming activities

Parent/Guardian_____

Date:_____

Terra Viva Forest School Waiver

I grant permission for (Printed full name of participant: _____) to participate in Terra Viva's Forest Program.

I understand that participation in activities can expose the named participant to risk and possible injuries, which include bumps, bruises, cuts, strains, sprains, concussions, broken bones, stings, bites, and other possible trauma.

I understand that there is a qualified certified First Aider on site and grant permission for them to treat the above named participant in the event of an injury.

I understand that by initialing and signing this document I hereby release TERRA Forest School from any and all liability associated with the program my child is attending.

I recognize that TERRA VIVA Forest School program reserves the right to postpone or cancel programs/sessions due to unsafe weather conditions or other unforeseen circumstances. Where possible TERRA Forest School program will attempt to reschedule, but this may not be possible. I will not hold TERRA Forest School program liable for loss of fees or programs due to weather or other unforeseen circumstances that will jeopardize the health and safety of staff and participants.

All tools and materials will be provided by TERRA VIVA Forest School program. Participants are discouraged from bringing additional items to sessions as they may be lost, stolen, or damaged.

I will not hold TERRA Forest School program responsible for any lost, stolen or damaged personal items. I have provided TERRA Forest School program with all significant medical information and will ensure that the participant's important medications are provided, location identified, and with the participant during all TERRA Forest School program sessions.

I understand that it is my responsibility to ensure that the named participant is dressed properly for weather conditions as this is a program largely based outside in natural settings. I understand that the participant may be refused admission to a session if they are not clothed properly for the conditions and I will not hold Wild TERRA VIVA Forest School program responsible.

While participating in the TERRA VIVA Forest School program, I understand that the named participant will be required to listen and follow the guidance of TERRA Forest School Leaders. This includes participation in outlined activities, expectations for age appropriate behaviour, and being able to respect the health, safety for themselves and any member of the group. If for any reason the named participant is unable or unwilling to follow expectations, engage in acceptable behaviour, or acts in an unsafe manner towards themselves or others, they may be removed from the session or the entire program.

I understand that TERRA Forest School reserves the right to deny access to a participant who has been disruptive in the past or sent home because of behaviour issues. In the event that: the participant's behaviour is felt to be unsafe or unmanageable if an illness or injury should arise in which a doctor's diagnosis is required unsafe weather conditions develop other unsafe conditions develop that require participant's removal from program I authorize TERRA Forest School to dismiss my child early, in which case I will assume responsibility for transporting my child from the program at a time specified.

I acknowledge that I have read and fully understand this agreement, and accept the risks involved with the above named participant's engagement in these activities at TERRA Forest School.

WAIVER AND RELEASE OF LIABILITY (SPORTS ACTIVITIES)

In consideration of the risk of injury that exists while participating in sports and other related activities such as Tennis, Baseball, Basketball, Badminton, Cycling, Roller skating; water sports such as Sailing, Kayaking, puddle boarding, Snorkelling and swimming (hereinafter the "activities") and In consideration of my desire to participate in said activities and being given the right to participate in same; I hereby, for myself, executors, administrators, assigns, or personal representatives, hereinafter collectively "Releasor," which terms also include parents or guardians if releasor is under 18 years of age, knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activities; and I hereby release and discharge during the times of such activities TERRA VIVA MONTESSORI BILINGUAL, located at 96 Main St, St Catharines, On L2N 4V2, their affiliates, staff, managers, members, volunteers, representatives and collectively RELEASES from any physical or psychological injuries that may suffer as a direct result of my participation in the aforementioned Activities. I hereby acknowledge that I have carefully read this "Waiver and Release" and I fully understand and expressly agree to release and discharge Terra Viva Montessori Bilingual and all of its affiliates, staff, managers, members, representatives, volunteers, from any and all claims or causes of action.

PARENT/ GUARDIAN WAIVER SIGNATURES

I hereby certify that I am the parent or guardian of _____, and I give my consent without reservation to the foregoing on behalf of my son/daughter/other.

Parent Guardian Name _____ Signature _____

Relationship to the minor _____ Date _____